# 2003-2004

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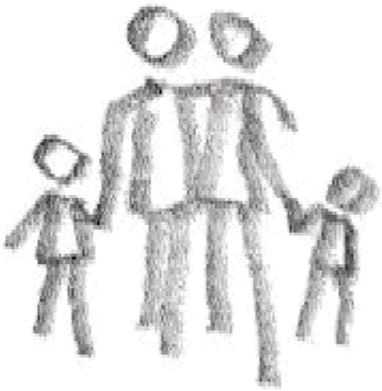

Office of
Family Planning

# Request for Application 2003-2004

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# PART ONE:

## *WHAT THE APPLICANT NEEDS TO KNOW BEFORE SUBMITTING AN APPLICATION*

# I. INTENT AND PURPOSE

## A. Purpose

The Information & Education (I&E) Program Request for Application (RFA) is being released to solicit applications to fund prevention and health education program activities that address the problems of teen and unintended pregnancies. I&E Program intends to fund local government, non-profit and community-based organizations to alleviate and prevent the unique problems associated with teen and unintended pregnancies that exist in areas of high need as established by the California Department of Health Services (DHS).

## B. Funding for RFA

Approximately $2.8 million will be awarded through this competitive bidding process. These grants are funded by the State General Fund and Federal Title XIX. The availability of these funds is contingent upon appropriations in the California State Budget. The DHS reserves the right to modify, reduce or rescind any awards if there is elimination or reductions by the State Budget and Federal Title XIX.

## C. Responsibility for the RFA

The California DHS, Office of Family Planning (OFP) administers the I&E Program and has the sole responsibility for the administration, implementation and evaluation of the I&E Program addressed in this RFA.

## D. Information & Education Program

The Information & Education Program provides funding for educational programs that emphasize primary prevention to enhance knowledge, attitudes and skills of adolescents and young men and women of childbearing age to make responsible decisions relevant to sexual and reproductive behavior.

## E. Important Dates to Remember

Below is the time schedule for this RFA:

Release of the RFA - June 9, 2003
Applicants' Meeting – Sacramento - July 2, 2003
Notice of Intent to Apply due - July 18, 2003
Applications due - August 11, 2003
Award decisions announced - September 15
Grant period commences* - November 1, 2003

First level grievance deadline--within 15 days after receipt of the notices of award decisions.
**(Contingent upon successful completion of Scope of Work and Budget.)*

## F. RFA Forms

All required RFA forms can be downloaded from the OFP web-site www.dhs.ca.gov/ofp.

## II. BACKGROUND

California continues to be a leader in economic achievement and social and cultural development. In many public health arenas and health care issues and programs, California leads the country and the world in public health programs. There are few other states in the country that enjoy the cultural and geographic diversity and richness that our land and population contribute to our every day lives. California enjoys a multitude of racial and ethnic groups and a geographic landscape that boasts urban, suburban, and rural communities and coastal ranges, deserts, mountains, deltas, and rich agricultural valleys.

Despite the richness and diversity that California enjoys, the State is also in the midst of a public health crisis in which California ranks 30th among states in teen births in the United States. This public health crisis ***is teen and unintended pregnancy and absentee fatherhood resulting from these pregnancies***.

**How grave is the problem in California?**

- In 1999 more than 57,000 babies were born to teen mothers between the ages of 15-19 years, in 2000 there were approximately 56,000 babies and in 2001 52,966. This is a birth rate of 50.2 per 1,000 in 1999, 48.1 per 1,000 in 2000, and 45.1 per 1,000 in 2001 for teens between 15-19 years of age. (1)

- Teen and unintended births cross all racial, cultural, and socio-economic lines. In 2001, approximately 68 percent of all teen births (10- 19 years of age) in California were to Latina teens, 18 percent to White, 8.8 percent to African American, 4.3 percent to Asian/Pacific Islanders, and .6 percent to American Indians. (1)

- In 2001, 36,051 babies or 68 percent of total teen births age 10-19 years of age were born to Latinas. Of these babies, 595 were born to Latina teen mothers 10 to 14 years of age, 12,525 were born to Latina teen mothers 15-17 years of age and 23,526 babies were born to Latina teen mothers 18 to 19 years of age. (1)

- As of 2000, California ranks 30th in the country in teen births. (2) Between 1991-2000, California reduced its teen birth rate for girls between 15-19 years of age by 35.1%, ranking third in the country for states with the greatest reductions in teen birth rates.

**What is the problem in the United States?**

- Nearly 500,000 teens give birth each year. (3)

- One out of three children is born out of wedlock; among teens, two out of three births are out of wedlock. (3)

- The U.S. has the highest teen birth rates of all industrialized countries and these continued high birth rates reflect higher pregnancy rates and smaller proportions of pregnant teens having abortions. (4)

- Nearly 80 percent of all teen births are first births, 18 percent are second births and three percent are births to teens who already have two children. (3)

- Teens are having sex at a younger age. In 1999, more than eight (8) percent of teens under 13 years of age reported being sexually active. (5)

**What affect do these births have on our society in the United States?**

- Teen births cost taxpayers approximately $7 billion in state and federal funds each year. Each teen birth costs an average of $3,200 a year in public assistance services. (6)

- The poverty rate for children born to teen mothers is nearly twice the rate for all children. (7)

- During the first 13 years of parenthood, teen mothers receive social assistance and food stamps valued at more than $1,400 annually. (8)

- Each family that begins with a teen birth is expected to cost the public an average of about $17,000 a year in some form of support over the next 20 years. (7)

**What are the health consequences to the teen mom and her baby?**

- Teen mothers under 15 years of age are more at risk for pregnancy complications such as premature or prolonged labor, anemia, and high blood pressure. (7)

- Low birth weight is more common among teen babies than among those born to women in their 20's. Low birth weight babies are 40 times more likely to die within the first month of their lives. (7)

- Each year more than three (3) million teens contract sexually transmitted infections (STI) accounting for one fourth of the 12 million Americans infected annually. (7)

- One quarter of HIV cases each year occur in people ages 13-21. Half are among people under 25 years of age. (7)

**How are our teen parents affected?**

- Teen mothers are less likely to graduate from high school—two out of three teen mothers never finish high school. (7)

- Only one out of every five teen mothers receives any support from the child's father and about 80 percent end up on welfare. (5)

- Teen fathers are more likely to engage in illicit behaviors, use alcohol and other drugs routinely, deal drugs and quit school. (7)

- Teen parents are less likely to give their children proper nutrition, health care, cognitive and social stimulation, and nurturing—the things that all children need to get a good start in life. (7)

**How are children of teen parents affected?**

- Children born to women under the age of 20 are 10 times more likely to be poor. (7)

- Children born to teens are likely to suffer severe health problems and are less likely to receive proper health care. (7)

- Children born to teen mothers are more likely to drop out of school, have lower grade point averages, have poor school attendance and are less likely to go to college. (7)

- Children of teens are more likely to suffer higher rates of abuse and neglect, and to end up in foster care with all its attendant costs. (6)

- Sons of teen mothers are more likely to end up in jail. (7)

The statistics and facts about teen and unintended pregnancies and absentee fathers are staggering. The teen births have a severe economic, social, educational and personal impact on individual lives as well as our society. Although the number of babies born to teens continues to decrease in California, the number of teen births is predicted to increase as the teen population increases in our State. In the decade between 1995 and 2005, the number of teens in California is expected to grow by 35 percent. And, even if the teen birth rate remains at the 2001 rate of 45.1 per 1,000, the actual number of teen births in 2005 would increase to 63,462 births.

There are no easy and simple approaches to deal with this complex problem. Obviously there needs to be multiple approaches involving self-esteem, health care, personal choices, educational attainment, parenting, nutrition, etc. Douglas Kirby. Ph.D. recently published the latest research results on approaches for dealing with teen pregnancy. His advice is that there is no single or simple approach that will significantly reduce adolescent pregnancy. (9) It makes sense to encourage responsible sexual behavior to prevent unintended pregnancies and sexually transmitted infections (STI's). (11)

Finally, teens are asking for our help. Nearly 88 percent of teens in the U.S. identify teen pregnancy as a significant problem. (11) Fifty-one percent of teens surveyed indicate that they would delay sexual activity if they had an adult they trust with whom they could discuss sex and other important issues. (12) Teens indicate that their parents have the most influence on their sexual beliefs and behavior. Teens want their parents and other adults they can trust to talk to them about sex, listen to their concerns and provide accurate straightforward information. (10)

Our challenge is significant. Our most prized national and state treasure—our children-- is being adversely affected by this public health crisis the call to action is challenging. We know that over the last seven years the decline in teen births is due to many factors; and some of the decline is due to the efforts funded by DHS TPP Programs. Our challenge is clear and DHS/OFP is ready to continue the support of local efforts through this RFA.

> *"Our children are our future. And helping young people avoid becoming parents until they are ready to provide a secure future for their own children is more important than ever. Effective teenage pregnancy prevention requires a partnership among parent, schools, and communities. Our future depends on the decisions we make for our children today."*
>
> *--Get real! About Teen Pregnancy Campaign*
> *Wellness Foundation*

## III. I&E PROGRAM GOALS

**The over-riding purpose of this RFA is to promote and support the well-being, health, and development of California's youth.**

The specific purpose of the I&E Program is to fund communities to implement single and multidimensional prevention strategies that are locally developed and that address the RFA purpose and goals.

The specific goals of this RFA are to:

1. Reduce teen and unintended pregnancies.
2. Promote responsible parenting.
3. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child.
4. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.
5. Promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

## IV. PROGRAM DESCRIPTION

### Information and Education (I&E) Projects

The Information and Education (I&E) projects have been a major component of the OFP for the past 30 years. The local projects provide services to youth and adults throughout the State in a variety of settings, and utilize various strategies appropriate to meet the growing and diverse needs of Californians today. There are two project types funded through the I&E program: 1) Youth Intervention Projects, and 2) Parents and adults who are responsible for working with youth.

Youth Intervention Projects target youth in school, community, juvenile justice, foster care settings and other environments where youth can be reached to provide family life education and teen pregnancy prevention messages and strategies. Parents and other adults are targeted by providing health education programs that support parents, parenting adults, and adults who have responsibility for caring for or serving youth. OFP supports the role of parents and caregivers (e.g., grandparents, aunts, uncles, and counselors) as the primary sex educators of their children. The program recognizes that responsible adults working with youth in a variety of settings are important because they insure that youth learn accurate information, teach youth how to enhance their decision-making skills, and provide needed support and guidance.

## V. DEFINITIONS

**Activity** - The way an agency will accomplish a stated objective; the step-by-step plan.

**Adult Caregiver** - An adult other than the legal parent/guardian caring for an adolescent.

**Board resolution** - A formal decision by the governing body of a public agency or community based non-profit organization to authorize the application for government funding.

**Clinics –** A community-based clinic licensed under Section 1204 of the Health and Safety Code; and a community clinic exempt from licensure under subdivision (a), (b), (c), (f), (g), (k) and (m) and Section 1206 of the Health and Safety Code.

**Clinical Mental Health** – See Mental Health Services definition.

**Clinical Services** – Personal family planning reproductive health care with a focus on access to all family planning methods; individualized education and counseling about positive sexual practices and relationships; and, prevention of conditions that threaten reproductive capability including diagnosis and treatment of sexually transmitted infections (STIs), HIV testing and limited cancer screening. .

**Collaborative Alliance** - A group of agencies/entities convened to participate in a joint decision-making process that provides input and supports the development of a teen pregnancy prevention project. The alliance uses formal letters of understanding but may have no formal subcontracts with the involved agencies. The alliance meets regularly on an as-needed basis.

**Collaborative Partnership** - A group of agencies operating under a formalized partnership and function as a TPP project/program. The partnership operates under formal contract agreements between the TPP Program applicant/lead agency and its collaborating agencies/entities to provide specific services/activities outlined in the Scope of Work. The partnership conducts regular meetings with collaborators operating under by-laws or other formal procedures.

**Corporation** - An entity created by or under the authority of the laws of the State of California, which has the legal authority to engage in certain activity.

**Culturally Appropriate** - The organization's capacity to design and implement programs, interventions, and services which effectively incorporate cultural and language barriers to the delivery of appropriate and necessary services.

**Culturally Competent** - Recognition of the values and racial and ethnic diversity within communities served. Knowledge and respect for diverse attitudes, beliefs, behaviors, practices and communication patterns that could be attributed, for example, to race, ethnicity, religion and socio-economic status. Development of a workforce that reflects the race, ethnicity, and/or other societal factors present in the population served.

**Curriculum Based** - A written plan with specific content designed to deliver information in an educational format. The DHS/OFP has specific criteria associated with curriculum guidelines. Please refer to **Appendix XIII** for details.

**Family PACT Program** - A state program that provides comprehensive family planning services to low-income men and women with a family income at or below 200 percent of the federal poverty level with no other source of family planning coverage. Eligible persons are individuals at risk of pregnancy or causing pregnancy who do not qualify for Medi-Cal and do not have access to health insurance. Eligibility is determined at the provider's office with point of service activation of a client membership card.

**Direct cost** - Any cost that can be identified with specific activity requirements of the grant.

**Goal** - A broad statement of the project's intent and/or objective.

**Grant Agreement** - A statutorily based formal agreement between the DHS and a successful applicant agency awarded funds for the implementation of a TPP local project. A grant agreement is similar to a state contract in that it delineates how the grant funds are to be spent; the services to be provided by the applicant, the budget, the evaluation process and payment provisions. Grant agreements are exempt from review and approval from the Department of General Services.

**Hot Spot** - Specific geographic areas designated by DHS where teen birth rates are equal or higher than the state average.

**Indirect cost rates/overhead** - An amount or pro rata shares of salaries and benefits attributable to common or joint functions and activities of an organization.

**In-kind services** - Non-monetary resources and services contributed by an entity/individual to assist the program in carrying out its goals, objectives, and activities.

**Lead Agency** - The agency with whom the State has a formal written grant agreement.

**Linguistically appropriate** – Accessibility to service providers who can communicate effectively in the language of their clients.

**Medically accurate information** –Information verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, when appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the Centers for Disease Control and Prevention." (Education Code Section 51553(b)(1)(B)(ii).) Factual information presented in a TPP program must be medically accurate. Course material and instruction must be medically accurate, objective and free of racial, ethnic and gender bias.

**Mental Health Services** - Formal assessment, evaluation, treatment or analysis of a client/patient's psychiatric disorder by a licensed psychiatric provider, either individually or in a group setting.

**Non-profit** - A group, often a corporation, organized for purposes other than generating profits and is certified by the IRS or Franchise Tax Board as a non-profit entity.

**Objective** – A statement that indicates the population targeted, the strategy to be implemented, how the outcome will be measured, the result expected and when the strategy will be started and completed.

**Outreach** - An organized effort to extend services beyond usual limits such as a particular segment of a community not receiving the services.

**Parental consent** - A formal process by which a parent/guardian provides permission for their child

to participate in a teen pregnancy prevention activity.

**Program Consultant** - A person designated by the OFP to manage performance of the grantee.

**Prospective payment** - Any payment made to a grantee before work has been performed.

**Public entity** - A county, city, district, local public body, state board, state commission, federal agency, or joint powers authority.

**Reliable Data** – Factual information that is medically accurate (see definition above) and derives from source(s) that are regularly used in public health programs, such as governmental sources, both national, state and local (i.e., the National Center for Health Statistics, Centers for Disease Control and Prevention; California DHS, County Health Department registries); professional sources (i.e., American Public Health Association, National Association of Pregnancy, Parenting and Prevention). Data sources cited should be no older than five (5) years.

**Responsive Bidder** - An applicant whose proposal meets the specifications and other requirements contained in the RFA.

**Strategy** - How an agency will work toward achieving the stated goal; the plan devised to achieve a stated goal.

**Sectarian** - Related to a religious denomination that adheres collectively to a particular religious creed.

**Unintended pregnancy** –A pregnancy that was not planned or wanted at the time conception occurred, irrespective of whether contraception was being used (Institute of Medicine, The Best Intentions, 1995).

**Volunteer** – A person providing services without compensation.

## VI. TARGET POPULATIONS

The populations targeted for the strategies designed to meet the goals of this RFA include but are not limited to:

A. Pre-sexually active adolescents.
B. Sexually active adolescents.
C. Pregnant and parenting adolescents.
D. Parents and families, and adult caregivers.
E. Young adults at-risk for unintended pregnancy and/or absentee fatherhood.
F. Youth serving personnel (e.g. teachers, faith leaders, counselors, community workers, coaches, etc).

The number of target populations selected for the application is limited per the guidelines for developing projects under VII. Program Information, C. Funding Levels. (Please refer to Part One, Section VII, “Program Information,” “C. Funding Levels,” for the minimum and maximum

requirements on target populations to be selected). Additional target populations other than those outlined may be selected and addressed by local programs; however, the prevention strategies proposed and the target populations must be consistent with the I&E Program goals and fully justified in the application. The community planning process (described in Section XII, "Community Collaboration, A. Collaboration for Planning") and the needs assessment process required (Section XIV, "Community Needs Assessment") will assist applicants to define other target populations beyond those listed above. This may include ethnic/cultural groups, youth under court supervision, young men in jails, foster youth, and youth at risk of unintended pregnancy for example.

Applicants are required to define the target population in the proposed Scope of Work. The applicant should define and provide adequate information regarding the target population(s) to be served and demonstrate the need for the strategy for the target population(s) selected.

This RFA delineates target populations. Applications may target adolescents at the middle school age level and above. Activities will be supported in the elementary schools if the community planning process and needs assessment identify this target population to be at risk. Additionally, "sexually active" as used in this RFA includes any type of sexual activity-- i.e., any and all types of kissing, petting, mutual masturbation, oral sex, anal sex, as well as vaginal sex--not only sexual intercourse. Pre-sexually active adolescents are teens or pre teens not engaging in any type of sexual activity.

Target populations in terms of age are intentionally open-ended and non-specific in order to give applicants the latitude to define the target populations according to the need in the community. Young adults are defined as persons between the ages of 18-24 years of age.

## VII. PROGRAM INFORMATION

### A. Eligibility/Who May Apply

County and city governments, local health jurisdictions, other public entities-- such as schools, school districts, and County Offices of Education--and private non-profit corporations organized for non-sectarian purposes in California are eligible to apply for these funds.

These funds are being made available in an open competitive application process. Although, no preference is given to current OFP providers/grantees/contractors, past performance of a current or past grantee/contractor is evaluated and will qualify or disqualify an Applicant from further review of their application. For those Applicants with no prior OFP grants, their past or current performance for agencies listed in their references will be thoroughly researched. The same qualifying/disqualifying factors apply to all applicants. The award of funds will be based on the Review processes described in Section VIII. "Application Submission Requirements and Review Process."

Applicants claiming private non-profit status must submit as part of their application either: (a) certification from the State of California, Office of the Secretary of State, or (b) a letter from the federal Department of the Treasury, Internal Revenue Service, classifying the applicant agency as a private non-profit corporation.

Organizations that have applied for non-profit status but are not yet certified may submit an application; however, DHS cannot enter into a grant agreement unless non-profit status is obtained. PART TWO of this RFA contains specific information about the documentation required to verify that an application for non-profit status is pending.

The California Constitution (Article XVI, Section 5) prohibits the State from granting or otherwise using state funds to aid any religious sect, church or sectarian purpose. Nevertheless, all non-profit corporations, including those associated with religious organizations but organized for solely non-sectarian purposes, may apply. The State will remove funding if it finds that program strategy, activities, educational materials (e.g., curriculum, handouts, audio-visuals.) or any other aspects of a program involve or include sectarian beliefs or religious doctrine.

All organizations interested in submitting an application for these funds must include plans for community collaboration with parents, families, local agencies, businesses, school leaders, community groups, private organizations, and others to ensure the planning of non-duplicative, well-integrated and cost-effective services responsive to the needs of all proposed target populations.

**B. Use of Program Funds**

**C. Funding Levels**

Funding for the I&E Program covered by this RFA will be made available through the Budget Act and Federal Title XIX matching funds for Fiscal Years 2003-2004 through 2005-2006. It is anticipated that the program will receive a State General Fund appropriation of $1.4 million which will be matched with an equal amount of $1.4 million Federal Title XIX funds. The funding level for the program will be final only after the Budget Act for the fiscal year is signed. All state appropriations are subject to modification or complete elimination; therefore, if the appropriation level is modified, the grant awards will be modified as well to reflect the changes. Any changes may include elimination of funding or a reduction of funding.

**The anticipated annual funding levels for the I&E Programs is $2.8 million.**

These funds will be awarded to support the services and activities as outlined in this RFA for pregnancy prevention programs. DHS anticipates funding approximately 20-25 grants. Grant awards will range between $100,000 - $150,000 per fiscal year per grantee/agency. Funds are available only during the fiscal year appropriated. There will be no "roll-over" of funds from one fiscal year to subsequent fiscal years. No cost of living or increases to these appropriations will be made in future fiscal years. Therefore, funding amounts will not change from year to year. The minimum and maximum funding levels are delineated below. No grants will be awarded below or above those amounts. Projects will be funded based on the Scope of Work, type of project, number of target populations, number of strategies, type of collaboration, and number of subcontractors.

Level of funding will be awarded as follows:

$100,000-$150,000 will be awarded to projects each year. The I&E projects will be required to meet all of the following criteria:

- Address no more than three (3) target populations;
- Implements at least three (3) but no more than five (5), strategies;
- Supports a Collaborative Alliance;
- Provides information and referral for comprehensive reproduction health care services through the Family PACT (Prevention, Access, Care & Treatment) Program.
- May include a small number of partners and/or subcontractors; and,

- Participates in the statewide and local evaluations.

Agencies may apply as a lead agency and also be a subcontractor in other applications or future TPP competitive bidding processes. For instance, I&E Program applicants may participate and provide services as a lead or subcontractor under a comprehensive regional TPP proposal, if such RFAs are issued by OFP; however, I&E projects must be integrated as part of future proposed TPP projects. In addition, an agency may be a subcontractor in more than one application and in more than one geographic location (e.g., county). In no case shall an agency submit multiple applications under Tier 2 in the future. The only exceptions are for agencies that operate in multiple counties/regions. The agency for each region may submit a separate application to provide services in its geographic area.

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**D. Grant Period**

The term of the agreement is for 12 months and is subject to appropriation of funds in the FY 2003-04 Budget Act. The grant agreements will be extended for an additional 24 months for a total of 36-month project period, subject to the appropriation of funds in the subsequent fiscal years through FY 2005-06. At the discretion of the DHS, projects may be extended for up to an additional 24 months through June 30, 2007 and/or June 30, 2008 for a total of five years, based upon satisfactory grant performance, compliance with grant agreement requirements, trends in teen pregnancy, and other factors deemed appropriate by the DHS. Grantees receiving continuation funding will be required to submit a Scope of Work for each subsequent project year.

Projects are expected to begin on or about November 2003 and operate through June 30, 2006. Project implementation delays are expected during the first year of the funding cycle because of initial start-up delays. If any cost savings result, projects will not be penalized and OFP program consultants will work with grantee staff to maximize expenditures of the award.

**E. Pre-Application Conference: Applicants Meeting**

In order to clarify information contained in this RFA, OFP will be conducting a half-day informational session. The **Applicants' Meeting** will be held on July 2, 2003, in Sacramento in the morning from 9:00 a.m. – 12:00 noon and will provide an overview of the RFA, the TPP Programs and information about teen pregnancy in California. The session will also provide an opportunity for applicants to ask specific questions about the RFA for the I&E Program and future RFAs for the TPP Programs.

**Verbal remarks provided in response to questions/inquiries are unofficial and are not binding on DHS unless later confirmed in writing.**

Applicants should carefully review this RFA before the applicant meeting to become familiar with the qualification requirements, Scope of Work and application content requirements. Prospective Applicants are encouraged to have their copy of this RFA available for viewing during the conference.

Applicants should refer to the RFA Section VII entitled "Applicant Questions" in **G.** below for instructions on how to submit written questions and inquiries prior to the conference date.

Applicants are responsible for their costs to attend and participate in the conference. Those costs cannot be charged to DHS or included in any cost element.

**DATE AND LOCATION OF THE PRE-APPLICATION CONFERENCE:**

July 2, 2003, from 9:00 a.m. until 12:00 p.m., in Sacramento at 714 P Street, in the Auditorium.

## F. Reasonable Accommodations

Upon request, DHS/OFP will provide reasonable accommodation to a prospective applicant with a hearing or other impairment who needs assistance to participate and/or attend the Pre-Application Conference. Call OFP at (916) 650-0414 or FAX at (916) 650-0454 by June 20, 2003.

## G. Applicant Questions

If a potential applicant, upon reviewing this RFA, has any questions or discovers any problem, including any ambiguity, conflict, discrepancy, omission, or any other error in this RFA, the applicant may request clarification in writing. All such communications should identify the author, agency name and address, specific question or discrepancy, RFA Section and page number and other relevant information.

Written questions or inquiries must be received by OFP by no later than 5:00 p.m. on July 7, 2003. Written questions or inquiries may be submitted by mail to the address listed below or submitted by FAX to **(916) 650-0454**. Applicants may call **(916) 650-0414** to confirm receipt of FAX.

**Information & Education Program**
**RFA Questions**
**PCFH/Office of Family Planning**
**California Department of Health Services**
**P.O. Box 942732**
**MS 8400**
**Sacramento, CA 94234-7320**

**Fax: (916) 650-0454**
**Telephone: (916) 650-0414**

Questions received at the Applicant Conference or submitted in writing directly to OFP will be compiled. A summary of the written questions and their respective responses will be mailed to the entities that (1) submit a Notice of Intent to Apply, (2) attend the OFP Applicant Conference, and/or (3) submit written questions to OFP that are received on or before July 7, 2003.

After July 7, 2003 at 5:00 p.m., the question and answer period will be closed and OFP will **NOT** provide any further technical assistance concerning the RFA.

Agencies are encouraged to thoroughly examine this RFA and become fully aware of its requirements. Prospective applicants are reminded that applications are to be developed solely on the material contained in this document and any written addendum issued by OFP.

## H. Voluntary Notice of Intent

Prospective applicants are strongly urged to indicate their intention to submit an application. Failure to submit a Notice of Intent will not affect the acceptance of any proposal. The Notice of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent was submitted. The purpose of the Notice of Intent is to assist the DHS in estimating the likely number of applicants in order to assemble an adequate number of reviewers and to develop other logistics for the review process.

Applicants should use “Notice of Intent to Apply for the Information and Education Program Funds” form **(Attachment IX)** Forms may be faxed (facsimile) and submitted by July 18, 2003. The Notice of Intent should be addressed to:

**Anna Ramírez, M.P.H., Chief**
**PCFH/Office of Family Planning**
**California Department of Health Services**
**P.O. Box 942732**
**MS 8400**
**Sacramento, CA 94234-7320**

**Fax: (916) 650-0454**
**Telephone: (916) 650-0414**

If a Collaborative Alliance changes the lead agency after submitting a Notice of Intent, please have the formerly designated lead agency notify OFP of the change and provide updated information on the new Lead Agency. Notices of Intent will be posted on the OFP Website so that applicants can review the names of other agencies in their geographic area that may be applying.

## VIII. APPLICATION SUBMISSION REQUIREMENTS AND REVIEW PROCESS

### A. Application Submission

The person authorized to legally bind the applicant must sign applications. Applicants must submit the signed original application (clearly marked "Original") and four (4) copies of the entire application package, including attachments. Place the proposal set marked "Original" on top, followed by the four (4) extra copies. Place all proposals in a single package if possible, and seal it. If you submit more than one package, carefully mark on the outside of each package "1 of X', "2 of X", etc.

**The original and all four copies must be received by OFP on or before 5:00 p.m. on August 11, 2003 or postmarked on or before that date.** Applications with a postmark after August 11, 2003, will be returned unopened.

**DO NOT ELECTRONICALLY TRANSMIT APPLICATIONS BY FACSIMILE (FAX) OR E-MAIL. FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

**It is the sole responsibility of the applicant(s) to insure that its application package is received by OFP no later than the above deadline.** Late applications will not be reviewed or scored. **NO EXCEPTIONS WILL BE MADE**.

Label and submit your application package using one of the following methods:

**Regular Mail:**

**Anna Ramírez, M.P.H., Chief**
**PCFH/Office of Family Planning**
**California Department of Health Services**
**P.O. Box 942732**
**MS 8400**
**Sacramento, CA 94234-7320**
**ATTN: I&E PROGRAM RFA**

**Hand Delivery or Overnight Mail:**

**Anna Ramírez, M.P.H., Chief**
**PCFH/Office of Family Planning**
**California Department of Health Services**
**1615 Capitol Avenue**
**Fourth Floor, Room 435**
**Sacramento, CA 94234-7320**
**ATTN: I&E PROGRAM RFA**

**PLEASE NOTE: The address to hand deliver or overnight your application is different from the address used for regular mail. Use the correct address for the type of delivery.**

All applications will be date and time stamped upon receipt. If an application is hand-delivered to OFP, an "Application Receipt" will be provided upon request to the hand carrier.

**Application Modifications after Submission; Withdrawal and/or Resubmission of an Application**

All applications shall be complete when submitted. However, an entire application may be withdrawn and the applicant may resubmit a new application prior to the application deadline.

To withdraw an application, the applicant shall submit a written withdrawal request signed by an authorized representative of the Applicant. Address the envelope to the same person and appropriate address listed above for delivery of applications. Add an additional line to the address on the envelope stating "Withdrawal RFA."

You may also fax your written withdrawal request to

**Anna Ramirez, Chief,**
**Office of Family Planning**
**Department of Health Services**
**FAX (916) 650-0454**

Applicants who fax their withdrawal requests must call (916) 650-0414 to confirm receipt of a faxed withdrawal request. Applicants must follow up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting the faxed request.

An originally signed withdrawal request is generally required before DHS/OFP will return an application to an applicant. DHS/OFP may grant an exception if the applicant informs DHS that a new or replacement application will immediately follow the withdrawal.

After withdrawing an application, an applicant may resubmit a new application according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery or postmarked by the application due date and time.

## B. DHS Rights

DHS is authorized to verify any and all information contained in an application, including but not limited to verification of prior experience and the possession or other qualification requirements, and

check any reference identified by an Applicant or other resources known by the State to confirm the Applicant's business integrity and history of providing effective, efficient and timely services.

DHS/OFP may request an Applicant to submit additional documentation during or after the application review and evaluation process. Failure to submit the required documentation by the date and time indicated may cause DHS/OFP to deem an application non-responsive. DHS/OFP, at its sole discretion, reserves the right to collect the following omitted documentation and/or additional information:

a) Signed copies of any form submitted without a signature.
b) Data or documentation omitted from any submitted RFA attachment/form.
c) Information/material needed to clarify or confirm certifications or claims made by an Applicant.
d) Information/material needed to correct or remedy an immaterial defect in a proposal.

The DHS/OFP may also waive any immaterial defect in any application and allow the Applicant to remedy those defects. DHS/OFP reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect. DHS' waiver of an immaterial defect in an application shall in no way modify this RFA or excuse an applicant from full compliance with all bid requirements.

The issuance of this RFA does not constitute a commitment by DHS/OFP to award any grants, any specific number of grants, or all grant money. DHS/OFP reserves the right to reject all proposals and to cancel this RFA if it is the best interests of DHS to do so.

## C. Nonresponsive Applications

In addition to any condition previously indicated in this RFA, the following occurrences **may** cause DHS/OFP to deem a proposal non-responsive:

a) An Applicant submits an application that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.

b) An Applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.

c) If DHS/OFP discovers, at any stage of the evaluation process or upon award of a grant that the applicant is unwilling or unable to comply with the grant agreement terms, conditions and exhibits cited in this RFA or the resulting grant agreement.

d) If other irregularities occur in an application response that are not specifically addressed herein.

## D. Confidentiality

All materials submitted in response to this RFA will become the property of the DHS and, as such, are subject to the Public Records Act (Government Code section 6250, et seq.). DHS will disregard any language purporting to render all or portions of any application confidential.

However, the contents of all applications, draft RFAs, correspondence, agenda, memoranda, working papers, or any other medium that discloses any aspect of an applicant's application shall be held in the strictest confidence until the grant awards are made. DHS/OFP shall hold the content of all working papers and discussions relating to an application confidential indefinitely, unless the

public's interest is best served by disclosure because of its pertinence to a decision, agreement, or the evaluation of an application. An applicant's disclosure of this subject is a basis for rejecting an application and ruling the applicant ineligible to participate further in the application process.

## E. Cost of Developing Application

The cost of developing applications is entirely the responsibility of the proposing entity and shall not be chargeable to the State of California or included in any cost elements of the application.

## F. Application Evaluation and Selection

### 1. Stage 1 – Application Screening: Required Attachment/Certification Checklist Review

**a.** Shortly after the application submission deadline, OFP staff will convene to review each application for timeliness, completeness and initial responsiveness to the RFA requirements. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to further evaluation. If an application is failed, it is rejected and will not undergo a more complete substantive/narrative review. This is a pass/fail evaluation.

**b.** In this review stage, OFP will compare the contents of each application to the claims made by the applicant on the Applicant Checklist **(Attachment III)** to determine if the applicant's claims are accurate.

**c.** If deemed necessary, OFP may collect additional documentation (i.e., missing forms, missing data from RFA attachments, missing signatures, etc.) from an applicant to confirm the claims made on the Applicant Checklist and to ensure that the proposal is initially responsive to the RFA requirements.

**d.** If an applicant's claims on the Applicant Checklist cannot be proven or substantiated, the proposal will be deemed non-responsive and rejected from further consideration.

### 2. Stage 2 –Applicant Performance

In this stage, OFP will assess the current and/or past performance of applicants.

**a.** For applicants who have previously received OFP and/or CCG funding, the review process will consider the degree of satisfactory past performance and compliance with contract and/or grant requirements for CCG, MIP, and/or I&E Programs. If a review indicates that administrative and/or programmatic compliance performance was poor or inadequate, then the application will be excluded from further consideration. This determination is pass/fail.

The review of programmatic and administrative compliance must demonstrate that major responsibilities, such as the following, were satisfactorily accomplished and done so in a timely and professional manner:

- Implemented fiscal control measures.
- Submitted all required progress reports documenting satisfactory achievement of the objectives, activities, and deliverables contained in the Scope of Work.

- Obtained independent financial audits.
- Successfully participated in statewide evaluation, and regularly submitted survey tools/pretest-posttests.
- Obtained community matching funds, if applicable participated in training events, and collaborative roundtable meetings as required in the contract/grant agreement.
- Adequately fulfilled staffing patterns promised by the grantee and necessary to successfully accomplish the program objectives and deliverables.
- Provided timely notification of budget revisions, contract amendments, and agency changes; and submitted timely and properly prepared invoices.

**b.** For applicants who have not previously contracted or have no history with the OFP within the last three years as a lead or subcontractor, the review process will consist of an assessment of written responses to questionnaires filled out from at least three references **(Attachment X)**. References will need to provide the following information:

1. Agency name, address, contact person and direct phone number.

2. Dates and description of projects and services rendered by the applicant.

3. Did the applicant deliver timely and effective services?

4. Were major responsibilities satisfactorily accomplished and done so in a timely and professional manner?

5. Did the applicant implement fiscal control measures?

6. Did the applicant submit all required progress reports documenting achievement of the objectives, activities, and deliverables contained in the Scope of Work?

7. If required, did the applicant obtain independent financial audits?

8. Did the applicant adequately fulfill promised staffing patterns?

9. Did the applicant submit timely and properly prepared invoices?

10. Did the applicant maintain effective communication during performance?

11. Overall, were you satisfied with the quality of applicant's past work?

12. Were you satisfied with the working relationship established by applicant during performance?

13. Did you encounter any problems with applicant that negatively affected performance?

14. Would you use the applicant's services again for the same or different services?

### 3. Stage 3--Substantive Review

At this stage, each application will undergo a detailed appraisal of its adequacy, thoroughness and the degree to which it complies with the substantive RFA requirements of each section and the project as a whole. The appraisal will result in a score of "adequate" or "inadequate".. If the proposed project is determined to be adequate it may be considered for funding in Stage 4. This appraisal also provides a mechanism for use in Stage 4 to assist evaluators in determining which of two (2) or more projects serving the same target population in the same geographic area should be funded.

<u>The following substantive elements will be evaluated:</u>

- The degree of collaboration and community input.
- The degree of involvement of youth, parents and families within the community.
- The degree of involvement of non-governmental organizations.
- The degree of need for the project.
- The presence of geographic, economic and ethnic diversity of the population.
- The project's feasibility (measurable objectives and activities).
- The project's cost effectiveness.
- The degree to which the project objectives, activities and/or outcomes can be measured and evaluated.
- The degree of the applicant's administrative, fiscal and programmatic capability to implement the program design.
- The degree to which proposed project and strategies are based on research and tested program designs.
- The degree of inclusion of innovative strategies, particularly those strategies targeting parents or other adults, young men and fathers.
- The degree to which selected strategies are appropriate to the need of the target populations.

**Scoring the Adequacy of a proposal.** There are eight major sections that must be addressed in a proposal. Each section has several criteria that must be addressed in the proposal. Each of the eight major sections of a proposal is assigned the following weights:

- Applicant capability 15%
- Community Collaboration 10%
- Clinical Services Linkage 10%
- Community Needs Assessment 15%
- Project Description 15%
- Project Scope of Work 15%
- Evaluation Plan 10%
- Budget and Justification 10%

When totaled, the weights will add up to 100%. Within each section there are several criteria that must be satisfactorily addressed by the applicant. Each criterion will be appraised as ***"inadequate," "adequate,"*** or "***not applicable***." For a section to be considered "adequate," 70% of the criteria must be assessed as "adequate," and if so, that section's score is assigned a percentage weight. If a criterion is "not applicable," its percentage weight within the section will be zero. In order for applications to pass Stage 3, the total weight of the sections deemed "adequate" must equal 70% or higher.

Each application will undergo an initial evaluation by two independent reviewers who will, individually, score the application and determine tentative recommendations of "adequate" or "inadequate" for each criterion, section and entire proposal. All applications will be further presented by the reviewers to an evaluation team facilitated by OFP. During the evaluation team meeting, the reviewers may further consider their individual evaluations and make a joint final recommendation as to whether an application is "adequate" or "inadequate." Scoring disagreements that are 20 points apart or more will be sent to a third independent reviewer; the third assessment will be viewed as final.

"Inadequate" and "Adequate" are defined below. Following the definitions below is a list of the considerations evaluators may take into account when appraising a section.

| INADEQUATE | ADEQUATE |
|---|---|
| **"Inadequate":** The application, i.e., content and/or explanation offered is poor and barely meets DHS' needs requirements and/ or expectations. Responses to most criteria are missing, insufficient, incomplete, and/or incoherent. The project has limited feasibility and cannot be measured. The omission(s), flaw(s) or defect(s) are consequential, unacceptable and/or material. 30% or more of the criteria within each section are appraised as "inadequate" and 30% or more of the sections of the proposal, as weighted, are appraised as "inadequate." | **"Adequate":** At a minimum, the application generally, but does not fully, address all of the needs, requirements or expectations of the RFA, but the project appears feasible and measurable. The application shows a basic understanding of the administrative and fiscal requirements to implement the project. The omissions(s), flaw(s) or defects(s), if any, are inconsequential, acceptable and/or immaterial. At least 70% of the criteria within each section are appraised as "adequate," and 70% of the sections of the proposal, as weighted, are appraised as "adequate." |

In determining the adequacy of specific portions of a section, evaluators may consider the extent to which a proposal response:

- Contains depth and breadth and includes significant facts and details, and/or;
- Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or;
- Demonstrates that the applicant understands DHS/OFP's requirements, and/or;

- Illustrates the applicant's capability to perform the services proposed and meet its Scope of Work requirements, and/or;

- If implemented, will contribute to the achievement of DHS/OFP's goals and objectives, and/or;

- Demonstrates the applicant's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods; creative or innovative solutions).

The following sections and criteria will be assessed as "Adequate," "Inadequate," or "Not Applicable."

**Applicant Capability: 15%**

1. Description of the history, primary mission, current services and programs, current participant caseload and participant profile of the applicant.

2. Demonstration of the applicant's organizational capability and resources to ensure timely start-up and implementation of the proposed project.

3. Explanation of the applicant's history of involvement with issues that pertain to the I&E goals.

4. Establishment of the applicant's ability to assess the service needs of the population(s) to be served, and to address the cultural aspects of the target population.

5. Demonstration by job duty statement that key project staff positions will have the knowledge, experience and education to implement the proposed project.

6. Explanation of extent to which the applicant has the financial ability to conduct the project (given that funding will be provided on a reimbursement basis).

7. Explanation that the applicant's audit history demonstrates sound financial management practices.

**Community Collaboration: 10%**

1. Demonstration that collaborative community input and decision-making were used to identify project strategies that will best meet local needs and achieve the goals of decreasing teenage and unintended pregnancies and absenteeism among teenage fathers.

2. Description of a workable plan to develop, maintain and sustain a community collaborative as a part of the proposed project.

3, Explanation of the collaborative level the project proposes to support.

4. Description of how each collaborative member was specifically involved in the development of the application.

5. Description of the background of the collaborative.

6. Description of the communication system that will be used to ensure that the collaborative and other community members can provide ongoing input into the implementation and evaluation of the project.

7. Description of the staff position that will have lead responsibility for supporting the collaborative structure and of his/her duties.

8. Inclusion in application package the required Letter of Commitment, School Agreement Form, or a Memorandum of Understanding for each collaborator listed on the collaborative roster.

9. Definition of each collaborator's capabilities and duties supporting the proposed project's Scope of Work.

**Clinical Services Linkage: 10%**

1. Identification of the Family PACT Provider(s) involved in the project.

2. Description of how the Family PACT provider(s) participated in the development of the application.

3. Description of how the referral to clinical services is anticipated to operate throughout the project period.

4. Description of the communication system used to ensure that the Family PACT providers will provide on-going input in the implementation of the project and the referral mechanism developed.

5. Identification of the staff person responsible for on-going communication between proposed project staff and Family PACT provider(s).

6. Inclusion of the Collaborative Roster Form **(Attachment VI)**, list the name of each Family PACT provider and their address.

7. Inclusion of Letter of Commitment, as appropriate from each Family PACT provider involved.

**Community Needs Assessment: 15%**

1. Inclusion of a community needs assessment(s) that supports the target population(s) and strategies selected for the proposed project.

2. Demonstration of the community needs assessment(s) that the proposed project goals, project design and activities are appropriate for the target populations.

3. Description of the community needs assessment(s) of the prevalence of teen and unintended pregnancy, teen parents, or absentee fathers in the community to be served.

4. Demonstration of the community needs assessment of a thorough understanding of the characteristics of the target populations to be served.

5. Identification of community needs assessment of conditions that may put target populations at high risk for teen pregnancy or parenting.

6. Demonstration of the community needs assessment(s) of a thorough familiarity with current teen pregnancy and absentee fatherhood prevention projects and health services in the community.

7. Explanation of the community needs assessment(s) of why the proposed project is needed and justification of how a more comprehensive approach will enhance the existing services.

8. Identification of the community needs assessment(s) of the existing gaps in current service that will be addressed and/or improvements that will be implemented by the proposed project.

9. Demonstration of the community needs assessment(s) of a thorough familiarity with the attitudes, beliefs and values of the community to be served about the causes, consequences, and solutions of teen pregnancy, unintended pregnancy and absentee fatherhood.

10. Identification of the community needs assessment(s) of the assets, resources, and opportunities that exist in the community to support the implementation of the proposed project.

11. Anticipation of the community needs assessment(s) of the likely obstacles to the implementation of the project, and provision of measures to overcome those obstacles.

12. Reliance of community needs assessment(s) on other identifiable data and information where census track data is unavailable.

**Project Description: 15%**

1. Demonstration of the project description of the overall approach and purpose of the proposed project.

2. Inclusion of brief rationale for selection of each proposed goal and affiliated strategy.

3. Justification by the project description of the appropriateness and likelihood of success for each proposed goal and affiliated strategy.

4. Identification by the project description of the specific target population(s) to be served.

5. Identification by the project description, for each population, the type of services to be provided, how these services will be accomplished, how the target populations will benefit, how these services will support project goals, and how the success of these services will be measured.

6. Description of the organizational structure of the proposed project.

7. Description of the community collaboration for the proposed project.

8. Identification of the curricula to be used as part of the proposed project?

9. Inclusion of required documentation if proposed project includes formal mentoring.

**Project Scope of Work: 15%**

1. Inclusion in the formal and narrative project Scope of Work, detailed objectives, activities and expected results of the proposed project.

2. Consistency of goals of the proposed project with the goals of this RFA.

3. Furtherance of the goals of this RFA by the proposed project.

4. Identification by the proposed project of measurable and specific objectives/strategies.

5. Inclusion in the Scope of Work of identification of the gender served by each objective/strategy.

6. Inclusion in the Scope of Work of the age group(s), by percentage (%), served by each objective/strategy.

7. Inclusion in the Scope of Work the ethnic groups, by percentage (%), served by each objective/strategy.

8. Indication in the Scope of Work of the minimum number of participants served by each objective/strategy.

9. In the case of sessions, or presentations, or meetings, an indication of the number of participants that will attend, and the number of minutes that each will last.

10. Specification in the Scope of Work the title of curricula, if any, that will be used to accomplish each objective/strategy.

11. Specification in the Scope of Work whether each objective/strategy is part of the Statewide Outcome Evaluation.

12. Indication in the Scope of Work of the expected results of each objective/strategy in measurable terms.

13. If the objective/strategy involves individual participants, indication in the Scope of Work of the expected results of a participant's completion of the objective/strategy in measurable terms.

14. Step by step description in the Scope of Work of how each objective/strategy is to be accomplished.

15. Demonstration that accomplishment of each objective/strategy is reasonably achievable (based on step by step description).

16. Specification of the individual, group or agency assigned to each activity or task.

17. Specification of the time period (month and year) for each activity/task.

18. Identification by actual name and/or location of the service site for each activity or task.

**Evaluation Plan: 10%**

1. Description of the applicant's past experience and capacity to collect and report data.

2. Identification of the staff responsible for performing evaluation activities, and the percentage of staff time and budget amount allocated for evaluation.

3. Provision of evaluation activity, sufficient to ensure an adequate evaluation of outcomes.

4. Provision of amount of evaluation activity reasonably proportionate to the tasks or activities designed to serve the community.

5. If applicable, familiarity of the applicant with the requirements for obtaining approvals for conducting pre- and post-surveys/tests in schools.

6. Description of the application outline step-by-step, of how the agency plans to accomplish the Local Evaluation requirements, including measurement tool development, data collection, data analysis, and feedback.

**Budget and Justification: 10%**

1. Specification of a first year budget that is realistic, appropriate and cost-effective.

2. Exclusion from the budget of prohibited expenses for bonuses, commissions, lobbying, fund raising, real property acquisitions, lease/purchase options for the acquisition of equipment, interest payments, clinical services, grant writing, religious services, religious educational materials, clinical mental health services, and food and refreshments (except for that provided only to persons in target populations during prevention, and/or educational activities.

3. Inclusion of budget allocation of a minimum of 10% for evaluation activities.

4. Inclusion in the budget justification of a breakdown of costs related to evaluation activities.

5. Specification of personnel costs, fringe benefits, operating expenses, equipment costs, travel and per diem expenses, subcontracts, consulting services, other costs and indirect costs as required by this RFA?

6. Explanation in the budget justification of the appropriateness and necessity of the cost of each line item as it relates to the achievement of the proposed project's goals and objectives

7. Budget justification for the specific objectives that each staff position/classification will be responsible for completing.

#### 4. Stage 4—Funding Decision

The OFP will make the final decision to award a grant. A project that passes Stage 3 is considered to be viable. The final decision to award a grant will be made in Stage 4. A project must further the purposes of the I&E Program statewide, based upon the geographic need for services. The final determination of whether an application is funded is based on consideration of the following factors required in the proposal, as follows:

- The extent which the application addresses a Teen Birth Rate "Hot Spot" area as identified by the Department.
- The extent to which the application establishes high need in the project geographic area and addresses the need for that specific target population.
- The extent an application proposes feasible and viable strategies that are appropriate and effective for the target populations selected.
- The extent the application contributes to an equitable geographic distribution of funds. Of particular significance is whether there are any other teen pregnancy prevention programs in the area the applicant proposes to serve.

Each factor will be applied to the applications being considered in the order in which they are listed above. Final selection of applications will be based on need and geographic distribution of projects. Each application will be assessed to determine whether it contributes to an equitable and balanced geographic distribution of funds.

## G. Grant Agreement Award Process

Applicants whose program is selected for funding will be notified by mail. The applications may not be funded as proposed and/or a final award decision may differ from the amount requested in the application. If so, the Scope of Work, budget and other relevant factors will be negotiated prior to the signing of the grant agreement. In areas of great need, it may be necessary for DHS to provide technical assistance to insure the viability of a project. Grant negotiations will commence immediately following the posting of the grant awards. In some cases, a site visit and/or a copy of the required community assessment report may be requested by OFP.

## H. Grievance Procedure For Grant Applicants

A grievance exists when an applicant believes there is a dispute arising from DHS/OFP's action in awarding or failing to award a grant. An applicant choosing to grieve must follow the grievance process described below.

#### 1. First Level - Applicant

Within 15 working days of notification of an alleged action by the Department, the applicant must direct the grievance together with any evidence, in writing, to the Chief of OFP, the Branch under which the action occurred. The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought.

The Office of Family Planning Chief or designee must respond to an applicant's appeal within 20 working days of receipt of the grievance. A hearing must be scheduled, conducted and a decision rendered by DHS within 60 working days of the filing of the grievance by the applicant.

**2. Second Level - Applicant**

To seek a second level review, the appellant must prepare an appeal indicating why the first level decision is unacceptable, and attach the original statement of the dispute with supporting documents and a copy of the first level decision.

The applicant must send the appeal to the Deputy Director, Primary Care and Family Health, the chief of the division under which the branch is organized, within ten (10) working days of receipt of the first level decision.

The Division Deputy Director or designee shall meet with the applicant to review the issues raised. A written decision signed by the Division Deputy Director or designee shall be sent to the applicant within 20 working days of the filing of the second level appeal.

## IX. PROGRAM FUNDING RESTRICTIONS

The Information & Education Program funds will be awarded for the sole purpose of implementing locally developed strategies which include prevention, education, information, counseling and outreach referrals to do the following:

1. Reduce the number of teenage and unintended pregnancies.
2. Promote responsible parenting.
3. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well being of a child.
4. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.
5. Promote and support the development of self assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

Prohibited expenses are further delineated in this RFA in PART TWO, Section III. L. "Budget and Budget Justification," 2. "Prohibited Expenses." Grantees shall comply with the prohibited expense requirements of the grant. Applicants shall not use I&E Program funds to supplant any existing program funding.

Funds shall not be used to develop or test non-evaluated or modified curricula. Please refer to **Appendix X**, "Curriculum Guidelines," for further clarification of curricula expectations and requirements.

Funds shall **NOT** be used for the delivery of clinical services or contraceptives. This proscription includes purchase and distribution of condoms and other contraceptive barriers. Funds can be used to outreach to special target populations to refer them to Family PACT providers within the

community for clinical services. For purposes of the I&E Program and within the context of pregnancy prevention and planning, clinical services are defined as:

***Services related to reproductive health, including diagnosis and treatment of infections and conditions, including cancers that threaten reproductive capability, and medical family planning treatment and procedures, including contraceptive supplies and follow-up.***

Funds shall **NOT** be used for religious, i.e., sectarian purposes. Non-profit corporations organized for non-sectarian purposes may be eligible applicants, regardless of whether the organizing board members are part of religious organizations. However, interventions, strategies, and all educational materials in any medium (e.g., curricula, handouts, audiovisuals, etc.) proposed to be used as part of the I&E Program must comply with the mandates of the California Constitution (Article XVI, Section 5) which prohibit the use of public funds to or in aid of any religious sect, church, creed or sectarian purpose. Programs proposed or implemented shall not include sectarian beliefs and/or information related to the doctrines of any religious group or organization.

Funds shall not be used for already existing programs funded by other public or private sources. Grant funds may be used to expand or enhance existing program efforts.

Funds shall not be used for purposes other than prevention and educational activities. These grant funds shall not be used to pay for enrollment in any type of health insurance program. A client who does not have insurance and is in need of reproductive health clinical services, can be referred to a Family PACT provider who will provide services at no cost. Any person who does not have health insurance is eligible for Family PACT.

Funds shall not be used to provide mental health counseling services for youth and/or other target populations. For purposes of this RFA, mental health services are defined in Part One, V. "Definitions" and Part Two, L.2. "Prohibited Expenses."

Funds may not be used to fund staff positions not related to I&E Program activities. Further, staff positions will be funded from 50% to 100% FTE. No new positions will be funded at less than 50% unless an applicant can justify the establishment of that position at that rate. No existing positions will be funded at less than 50% FTE.

## X. EXPECTATIONS OF ADMINISTRATIVE AND PROGRAM CAPABILITY

Applicants must have the administrative, fiscal, and programmatic ability to manage state grant funds and the technical expertise to successfully coordinate and implement proposed project interventions, strategies, and activities. The following information is provided to prospective applicants to assess their ability to enter into a grant agreement with OFP.

1. Grantees are required to timely submit quarterly progress reports documenting their advancement to date on their Scope of Work objectives. Grantees will also be required to submit a final project report within forty-five (45) days of the end of the grant agreement term. The format for the quarterly and final progress reports will be provided by the OFP.

2. Grantees must maintain standard payroll practices including state and federal tax withholding requirements. They must have appropriate procedures designating who in the agency may sign payroll time cards, requisitions and invoices.

3. Grantees must maintain books, payroll records, documents, and ledgers following accepted accounting procedures and practices that properly reflect all direct and indirect expenses related to this grant award. The records shall be kept and made available to the State for three (3) years after the date of the final grant award payment.

4. At the completion of each fiscal year, Grantees must obtain a single organization-wide financial and compliance audit. The audit shall be conducted according to Generally Accepted Auditing Standards. The cost of the audits may be included in the funding for this grant agreement up to the proportionate amount that this grant represents of the Grantee's total revenue.

5. Grantees grant the State a royalty free, unrestricted and irrevocable license throughout the world to reproduce, prepare derivative works, distribute, use, duplicate or dispose of all products, material and data that are collected, created and fixed in any medium of expression, produced, developed or delivered and paid for under the Grant Agreement for governmental purposes and to have or permit others to do so. Grantees shall require all agreements or subcontracts with other parties who will perform all or part of the Scope of Work under the Grant Agreement to include clauses granting the State an unrestricted license identical to that set forth under the Grant Agreement. The provisions set forth herein shall survive the termination or expiration of this agreement or any project schedule.

6. All products, materials and data developed in part or full with I&E Program funds shall be reviewed by OFP before they are finalized, produced, and used. (See **Appendix VI**, Intellectual Property Rights).

7. Travel and per diem rates must not exceed those amounts paid to State-represented employees. All out-of-state travel must be approved by the OFP prior to the scheduled trip (See **Appendix VI**, "Travel Reimbursement Information").

8. Grantees must hire program staff that has the appropriate training and experience to fulfill the Scope of Work objectives, as well as provide fiscal and administrative staff to fulfill payroll and accounting procedures. Records documenting training and work schedules for staff and volunteers must be maintained on file.

9. Grantees must agree that projects will be guided by continuous input from the target population(s) served.

10. Grantees must agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual and the rights of individuals to accept or reject services. All individuals' participation must be voluntary.

11. Grantees must conduct program activities and provide educational materials (e.g., print, audio-visual, electronic) that are appropriate in terms of culture, language, literacy level, age, and gender for the intended target population.

12. The project staff shall be appropriate to best meet the cultural and linguistic characteristics of the target population(s) served.

13. Grantees must be aware of, and comply with, applicable legislation, policies, regulations (i.e., California Education Code) and protocol affecting the delivery of family life health education programs and materials in selected service delivery sites, particularly public school sites.

14. Grantees shall participate in the TPP Programs Statewide Evaluation and submit the required reporting forms and surveys timely and complete.

15. Grantees must maintain accurate records and utilize state-issued reporting forms to document program implementation, which includes, but is not limited to, a record of the number of people served, materials developed, and activities conducted. Personal information relating to individuals receiving services shall remain confidential.

16. Grantees selected for funding will be required to enter into a grant agreement with the California DHS for the period from November 1, 2003 through June 30, 2004. The grant agreement may be extended yearly through June 30, 2006.

17. The Grantee must be prepared to begin the proposed project on November 1, 2003. In order to do so TPP and the Grantee must finalize negotiations regarding the Scope of Work and Budget and sign the Grant Agreement for FY 2003-2004 by September 2003. If details are not finalized and the agreement not signed, the start date for the Grant Agreement will be delayed.

18. Grantees must submit to OFP all subcontract agreements that exceed $5,000 annually to OFP for their review and written approval prior to finalizing. (See **Appendix VII**, "Subcontract/Consultant Criteria"). Grantees must perform an onsite monitoring visits of all subcontractors at least annually or more frequently if needed.

19. Grantees must submit to OFP for their review and approval all consultant agreements that exceed $350 per eight (8) hour day prior to finalizing. (See **Appendix VII**, "Subcontract/Consultant Criteria").

20. Child Support Compliance Act: "For any contract (grant agreement) in excess of $100,000, the Contractor (Grantee) acknowledges that:

    a. The Contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5300) of Part 5 of Division 9 of the Family Code; and

    b. The Contractor, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

21. The Grantee represents and warrants fault-free performance in processing of date and date related data (including, but not limited to, calculating, comparing, and sequencing) upon installation of and by all hardware, software, and firmware products delivered and used under this contract, individually and in combination.

22. Grantees shall include an allocation for training in their budget. Participation is expected for staff training, technical assistance, and other support as needed. These expectations

include the participation of designated staff, and when appropriate, subcontractors or community representatives. OFP-sponsored state and regional training opportunities include, but are not limited to the following: orientation meeting(s), annual Leadership Conference, topic/issue specific training, and other OFP approved activities that support project staff development and agency capacity.

## XI. PROJECT STRATEGIES

### A. Principles and Project Design

The DHS intends to promote the connection/linkage between youth development principles and teen pregnancy programs funded by OFP. To accomplish this linkage, applicants are encouraged to submit applications that use and incorporate a youth development model into the proposed teen pregnancy prevention programs and strategies. Youth development programs are comprehensive and multifaceted. They aim to improve opportunities, while decreasing risk behaviors, and are based on a firm belief in the value and potential of each and every young person (13). Youth development is a positive strength-based approach that engages individuals, families, schools and communities in purposeful strategies, activities and relationships that foster resiliency and builds assets and strengths in young people. This approach depends on collaboration of a variety of community partnerships and is described in many ways, including asset building, resiliency, family strength perspectives and protective factors.

**The following elements foster positive youth development:**

- A sense of competence
- A sense of usefulness
- A sense of belonging
- A sense of abilities (14)

When conducting any of the recommended strategies listed below, whether prevention education, mentoring, or community awareness, a youth development philosophy needs to be incorporated and woven through the basic pregnancy prevention models and strategies.

Current research supports the concept that sexual behavior is heavily influenced by community norms, parental values, individual self-esteem, and plans for the future. Douglas Kirby Ph.D. reports on more than 100 community and individual antecedents to teen pregnancy in his recent literature review (15). These antecedents include the characteristics of the teen and his/her partner, peers, parents and other family members, school, and community.

Some of the characteristics identified as important to youth development and found in some currently funded DHS teen pregnancy prevention programs are:

- Staff who genuinely care about youth and relate well to them.
- Projects that are comprehensive and intensive with an age appropriate sexuality education and life skills component.
- Projects that target a wide range of behaviors that focus on youth assets as well as risks.
- Projects that involve the participants' families.
- Projects that are long term.
- Activities that are offered at convenient times.

- Projects that recognize the values of youth.

In order to further our understanding of the links between youth development, the antecedents to teen pregnancy, and an actual decrease in teen births, DHS/OFP will continue to work with and fund a broad range of agencies. These agencies need to use a wide variety of strategies that focus on changing the many sexual and non-sexual teen pregnancy and absentee fatherhood antecedents. Examples of the strategies that will be funded are listed below. The documents included in the Resource Document to the RFA are provided as a reference for applicants to use in determining need and the appropriate strategies that can be used to respond to the needs of the target populations selected. Applicants need to demonstrate in their program design and needs assessment the reason for using the proposed strategy. Strategies selected should incorporate elements described in this RFA and be supported by evidence and research on teen pregnancy prevention.

**B. Types of Strategies**

The proposed project's strategies should incorporate elements described in this RFA. The strategies listed below are intended as a resource for your program design. Information and Education Program applicants must include the Prevention Education Strategy in the proposed scope of work for at least one youth group as a target population. Once this requirement is met, the other strategies selected do not require the use of a minimum eight-hour curriculum. Each applicant should identify types of strategies and, if applicable, sub-strategies that incorporate youth development principles and are designed to decrease teen pregnancy and increase male involvement.

**1. Prevention Education (Required for All I&E Projects)**

Implementation of an eight-hour (minimum) curriculum-based instruction is required. Therefore, a prevention education curriculum must be provided for at least eight hours for one continuous cycle or session. The type of strategies/curriculum must be chosen from the sub-strategies listed below. The detailed curriculum requirements to be applied are included in **Appendix X**.

The person identified to provide the curriculum must be selected by the agency as the most appropriate staff based on the target populations, program design and curriculum chosen. Curricula selected should be previously developed and successfully applied. The Resource Document available with this RFA contains references and examples of curricula based on the most recent research. Curriculum selected can be adapted to meet local needs and specific target populations. The funds provided through this RFA cannot be used to develop new curricula. Agencies that are currently funded by TPP to develop curricula and have implemented it successfully throughout their project time period, may continue to use it if their proposal is funded.

If a grant is awarded, all curricula selected must be approved by the OFP prior to implementation of the project. Examples of types of strategies and activities that can be used include, but are not limited to the following:

**a) Comprehensive Sexuality Education**

Educating youth to recognize and resist social pressures that influence behavior that leads to unintended pregnancies. Topics and activities include (but are not limited to) the following: growth and development of the human body and reproductive physiology; sexuality and contraceptive education; forming,

maintaining and negotiating healthy peer and adult relationships; communication skills; critical thinking and decision-making skills; and life goal planning.

**b) Train the Trainer**

The purpose of this strategy is to train youth or adults to provide pregnancy prevention messages. Implementation of a structured prevention education syllabus is required for this strategy. A minimum of eight (8 hours) of instruction is also required.

**c) Life Skills Education**

Topics and activities cover a variety of issues, including but not limited to: healthy peer and adult relationships, communication skills, critical thinking and decision making, life goal planning, career and job exploration, job skills development, self–esteem building and self empowerment.

**2. Informational Presentation**

Prevention and educational messages presented to groups to create awareness and provide information about unintended pregnancy, responsible fatherhood, sexually transmitted infections, and other related topics. These informational sessions are not necessarily curriculum based and delivery of information or messages must be at least thirty (30) minutes in length and last no more than eight (8) hours. Examples include delivery of Life Skills Education teen theater or teen panel presentations.

**3. Education and Support for Significant Adults, Parents and other Caregivers of Adolescents**

For the purpose of the RFA "Parents of Adolescents" is broadly defined and includes guardians, other adult family members, foster parents and other adult caregivers. Topics and activities include but are not limited to: abstinence or prevention education, positive discipline and communication skills, relating to other adults/family members, intergenerational cycle of teen parenting, interactive activities, and accessing community resources.

**4. Education and Support for Teen Mothers and Fathers**

Focus within this strategy may address either teen mother and/or teen father. Topics and/or activities may include but are not limited to: developmental needs of adolescents and infants, abstinence or prevention education to prevent subsequent pregnancies, parenting skills, adult life skill development. Examples of proposed activities include educational presentations by adults to parenting teens or regularly scheduled program support groups.

**5. Service Learning**

Youth learn and develop through active participation in thoughtfully organized service that is conducted in the community and meets the needs of the community. Activities are coordinated with an elementary school, secondary school, institution of higher education or community service program, and along with the community, help foster civic responsibility. Activities are integrated into and enhance the academic curriculum or the educational components of the community service program in which youth are enrolled. The activities

provide structured time for youth to reflect on their service experience. The difference between service learning and community service is that service learning incorporates activities that provide structured time for youth guided reflection on the service experience and community service does not. The Executive Summary of "Emergency Answers" by Douglas Kirby, Ph.D. has an in-depth review of service learning. This executive summary is included in the Resource Document that is being released with this RFA.

**6. Peer Provided Services**

Adolescents provide prevention and/or educational services as part of the project strategy. This approach includes recruiting, training, supervising and assigning adolescents to participate in activities and provide a positive influence on their peers by modeling behaviors, offering new opportunities to others, conveying norms, assisting others in accessing services and presenting direct messages about development and healthy choices. For example, peer adolescents may work as outreach workers, peer educators, or peer providers involved in non-medical services such as education, registration, and telephone follow-up.

**7. Train the Trainer**

Youth-serving personnel receive training to work with target populations listed in this RFA in order to accomplish the goals of this RFA. Training sessions are not necessarily curriculum based and the delivery can be less than eight (8) hours in duration. Examples of such positions include: Teachers, Group Home Counselors, Shelter Counselors, Foster Parents, Scout Leaders, Sport Coaches, or Health Providers.

**8. Mentoring**

Mentoring Services focus on teen pregnancy prevention. Projects must assess mentors as to their understanding of the causes, cost and impact of teen pregnancy and, as needed, provide prevention education during the mentors' orientation. Mentoring services may be provided in a one-on-one basis or in a group setting. Formal Mentor criteria are outlined in paragraph C below. The mentoring strategies listed below, as "informal" must meet the following standards: 1) activities are to occur in settings where supervising staff are present; and, 2) staff should provide on-going supervision of the activities of participating youth. Projects are encouraged to utilize screening procedures, such as fingerprinting and background checks, to assure the safety and protection of the youth and families served.

**a) Formal Adult to Youth Mentoring (CMI Quality Assurance Standards are required)**

One-to-one mentoring involves a relationship between a pair of unrelated individuals. Mentor-mentee matches are required to spend time together/interact at least four (4) hours per month for a minimum of six (6) months. The agency must receive CMI Quality Assurance Standards certification.

**b) Adult to Youth Partnership /Role Modeling (Informal)**

This type of mentoring involves youth matched with adults who have successfully overcome past background and/or life experiences that closely reflect the youth's current/recent lifestyle /behavior. The adults role model resiliency and resourcefulness.

**c) Team Mentoring (Informal)**

Team mentoring involves two or more mentors working face-to-face with one young person for a minimum of eight (8) hours.

**d) Group Mentoring (Informal)**

Group mentoring involves a mentor(s) who provide(s) face-to-face contact with two or more youth in a mentoring session. The sessions continue for a minimum of six (6) months.

**e) Cross – Age Mentoring (Informal)**

With cross-age mentoring, an older adolescent mentors a younger youth (e.g., a high school student mentors a middle school student) for a minimum of eight hours.

**9. Community Awareness & Mobilization**

Topics and activities include but are not limited to: increasing visibility of the project in the community through media, public relations, and larger scale public events; increasing public awareness and changing community norms about teens and unintended pregnancy; and increasing involvement and commitment from local leaders and other stakeholders in building family and community health.

**a) Community Event**
A community event has community partners and/or other related stakeholders assemble in an effort to promote teen pregnancy prevention messages through, for instance, teen rallies, community workshops, or health fairs.

**b) Advocacy Presentations**
These presentations are to legislators or other elected officials, school board members, stakeholders, or other community groups to increase awareness of the causes, cost and impact of teen pregnancy and to increase support for prevention efforts. Additionally, funds may be used to make presentations to increase awareness, knowledge and support of a particular program that has been or is about to be implemented.

**c) Media Presentation**
Release of information to affected community populations through all types of media, for example, television, radio, newspaper, theatre advertisement, or billboards. Examples of information and activities include public service announcements; participation in radio/television talk shows; development and release of teen pregnancy prevention advertisements; poster contests; and, release of program specific printed material to local newspapers.

**10. Other**

This RFA will consider strategies not listed above. The design and development of the proposed project's strategies should incorporate the elements described in this RFA, supported by the latest evidence and research on teen pregnancy, prevention, unintended pregnancy prevention and/or responsible fatherhood. The proposal must clearly demonstrate the strategy's efficacy.

### C. Mentoring Strategies

The DHS/OFP continues to be committed to mentoring as an OFP strategy. The OFP intends to continue its support of teen pregnancy prevention projects that use mentoring as a strategy to provide education/information, model behavior and promote teen pregnancy prevention.

Mentoring services may be provided in a one-on-one basis or in a group setting. One-on-one mentoring is defined as a relationship between a pair of unrelated individuals. This relationship can include adult to youth mentoring or an older youth mentoring younger children (Cross-Age mentoring). There are many types of mentoring such as academic/tutoring, personal growth, and career/vocational and target groups may have varying levels of need. Therefore, it is crucial that the minimum number of hours required is a function of both the type of mentoring and need of the mentee. The minimum mentoring time, i.e., face-to-face interaction required is four hours per month for six (6) months.

The applicant agency and/or its subcontractor(s) that propose to provide formal adult to youth mentoring services must meet one of the following criteria:

1. Receive notification that the project proposal meets the Quality Assurance Standards as set by the California Mentoring Initiative (CMI); or

2. Indicate participation in the Quality Assurance Standards approval process, as outlined by CMI, within three (3) months of the effective date of the grant agreement and receive approval within nine (9) months of the effective date of the grant.

In the interim, the applicant agency shall operate its mentoring program in accordance with the CMI Quality Assurance Standards. A copy of the CMI Quality Assurance Standards and the Recommended Best Practices for Mentor Program are included in **Appendices I and II**.

In addition to the training and technical assistance support offered by the CMI, OFP will provide assistance to successful applicants conducting mentoring services. The CMI, through the Mentor Resource Center of the Department of Alcohol and Drug Programs (ADP), maintains an Internet site, and provides clearinghouse services to agencies and individuals, mentoring resources and materials (necessary to facilitate overall program goals), and a mentor referral service. It also publishes the *California Mentor Program Directory.* The Mentor Resource Center can be reached at (800) 444-3066 or through its web page at http://www.adp.cahwnet.gov.

## XII. COMMUNITY COLLABORATION

All applicants must demonstrate the development and support of a collaborative process for the planning, design, and implementation of the proposed project. Target populations frequently require multi-faceted approaches to effectively reduce unintended pregnancies. Collaboration enhances local projects because it provides a wealth and diversity of expertise and a greatly expanded reach

out to multiple target populations. The General Community Planning Guidelines, **Appendix XIII** are provided as an overview of the Community Planning Process and the principles involved in community planning.

Collaboration must be demonstrated both in the design of the plan and implementation of the plan strategies, i.e., the provision of services to the target populations.

### A. Collaboration for Planning

As stated above, all applications must demonstrate that there was community/collaborative input and decision-making during the identification and selection of the proposed strategies that would best meet the local needs and achieve the goals of decreasing teen and unintended pregnancies. A community planning process provides a stronger framework for developing and implementing successful programs. It brings together community representatives, agencies, organizations and other stakeholders so that they all can have a voice in the development of effective project strategies.

Examples of local collaborators in a community planning effort include,:

- Academic institutions
- Adolescent Family Life Programs
- Adolescent Sibling Pregnancy Prevention Programs (ASPPP)
- CAL Learn Programs
- Child care resources
- Community-based organizations
- Community Challenge Grants projects
- Entertainment industry individuals and associations
- Faith communities
- Job training centers
- Foster care associations
- Law enforcement personnel
- Male Involvement project
- Medical care facilities
- Primary care clinics
- Family PACT providers
- Mentoring Programs
- Parents and other family members
- Public health agencies
- Recreational and art programs
- Voluntary health associations
- Local businesses
- Recreation centers
- Social service agencies
- Youth groups
- Youth shelters

Applicants are required to establish referral linkages with Family PACT providers for the provision of clinical services, if appropriate for the applicants' target population and program strategies. These linkages should be documented in a letter of commitment and described in the Project Collaborative Roster **(Attachment V).** Refer to **Appendices XIII and XIV**. Although it is recognized that throughout California there are non-Family PACT providers that offer clinical family planning services, it is highly recommended that applicants use formally designated Family PACT providers. OFP can provide technical assistance to clinicians who want to apply to become Family PACT providers. Please contact OFP for information about

the application process. Applications should state that Family PACT designation is being sought. See Part One, XIV Clinical Services Collaboration and Linkages.

**Appendix XIV**, "Program Planning with the Logic Model" is also provided as a reference tool to assist in the development of proposals. The Office of Family Planning recommends the use of the Logic Model as a process for program planning and as a design method to assist applicants in the process of designing and planning a local TPP project. Please refer to **Appendix XVII** "BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and other STD's" by Doug Kirby, Ph.D., ETR Associates, is also included for your reference.

**B. Adolescent Family Life Program (AFLP) and Adolescent Sibling Pregnancy Prevention Program (ASPPP) Collaboration**

Applicants who propose to serve a target population and/or geographic service area that has an AFLP or ASPPP must demonstrate coordination with the program(s) commensurate with the particular target populations and strategies. Applicants must demonstrate that the AFLP Program has been contacted and provide a Letter of Commitment between the Applicant and the Program. The applicant must also provide a completed "Teen Pregnancy Prevention Collaboration Roster" **(Attachment V)**, along with a description of the AFLP/ASPPP collaboration.

The AFLP is funded by the Maternal and Child Health (MCH) Branch of DHS to provide comprehensive case management services to pregnant and/or parenting adolescent females, males and their children in 47 counties in California. Forty of these programs also serve non-pregnant siblings of their AFLP clients. These programs are hosted by a number of different types of agencies including community-based organizations, public health departments, hospitals and school districts. (A directory of programs will be distributed at the Applicant Meeting and is available as a resource document as part of this RFA.) Since the inception of the AFLP in 1988, followed by ASPPP in 1996, all program providers have been required to establish community networks in order to secure referral sources for their clients. These networks can provide useful information, including data for community needs assessments, for TPP collaborative efforts.

**C. Collaboration for the Provision of Services/Strategies**

For purposes of this RFA, OFP has a model for community collaboration for program implementation—an informal structure defined as a Collaborative Alliance.

The Collaborative Alliance (informal) is required for all I & E Program applicants only. An alliance is an informal group of pregnancy prevention stakeholders. There are some formalities, however. There must be cooperative agreements between partners and letters of commitment from Alliance members. Planning and operational meetings must be convened as needed, but on an ongoing basis.

**<u>Collaborative Alliance</u> A Collaborative Alliance is characterized by the following:**

a. Supports joint decision-making on a proposed strategy(ies) or specific activity(ies) with individual alliance members.
b. Uses formal letters of commitment with collaborators.
c. May have a limited number or no formal subcontractors.
d. Provides for clinical services collaboration and linkages.
e. Conducts meetings with collaborators on an as-needed basis.

Application requirements for the Collaborative Alliance:

a. Identification of a paid project staff member who will have specific responsibilities to the Collaborative Alliance.
b. List of collaborators to include an AFLP/ASPPP and Family PACT provider collaborator(s). Number of collaborators is not limited.
c. Letters of Commitment **(see Appendix XI)** from each collaborator.
d. School Agreement Forms **(see Attachment VI)** from school sites where project strategies will be conducted, if applicable.

Progress Report Requirement, once the project is funded:

Submission of a record of meetings (e.g., dates, locations, names, agendas, etc.) as part of the quarterly progress report.

The lead agency for the Collaborative Alliance is responsible for the overall implementation and management of the funded projects. The lead agency will be held accountable for compliance of all grant requirements and will be responsible for ensuring that the project is delivered on time and on budget.

## XIII. CLINICAL SERVICES COLLABORATION AND LINKAGES

All applicants must demonstrate collaboration and formal referral mechanisms with one or more Family PACT providers by providing documentation of these established referral mechanisms in the application. Established referral linkages between the pregnancy prevention program and clinical services providers are essential to assure that all teens and young adults have access to reproductive health services. These services are vital to: a) promote normal growth and development during adolescence; and, b) provide information and guidance for making positive reproductive health choices.

It has been long recognized that the ideal situation for teens is postponement of sexual activity because it the best healthy choice and it is the best strategy in preventing unintended pregnancy. And, it is obvious that regardless of parents and society's desires about teens and postponement of their sexual activity that teens are having sex, many are getting pregnant, and many are giving birth. The mere number of teen births and the teen birth rates in California supports this obvious fact.

There are strategies that can be implemented to address this problem. The first is to make available the clinical and contraceptive services that can help teens achieve normal expected physical well-being and support healthy growth and development and reproductive health. The second aim is to educate teens about the good reasons why postponement of sex is a healthy choice. For teens that do choose to have sex, the aim is to have the information and services available to them to help them decide to limit their partners and protect themselves from unintended pregnancy and STIs. It is also important for teens that are sexually active to use long term, effective contraceptives and to use contraceptives correctly and consistently *all the time*.

The required documentation of clinical referral linkages should be in form of a formal Letter(s) of Commitment between the applying agency and one or more Family PACT provider(s). These Letters of Commitment may be with one or more Family PACT providers that are currently designated as

TeenSMART Clinical Programs or with other Family PACT providers in order to expand access and availability of clinical services to target populations. Applicants may want to partner with Family PACT providers in strategic geographical areas where transportation may be a barrier for target populations.

Letters of Commitment with Family PACT provider(s) must be included in the application. If appropriate for the target population being addressed, applicants may choose to collaborate with current TeenSMART Clinical Program Family PACT Providers—there are 55 designated TeenSMART Clinical Programs throughout the State in **Appendix XV**.

Applicants may also collaborate with Family PACT providers not designated as TeenSMART Clinical Programs who can deliver culturally and linguistically appropriate care to the target populations. For applicants that select teens as a target population and partner with Family PACT providers that want to become TeenSMART Clinical Program, OFP will provide technical assistance once the awards are announced to ensure that enhanced counseling for teens services and reimbursement is provided on an on-going basis.

## XIV. COMMUNITY NEEDS ASSESSMENT

All applicants, whether existing or new, are expected to complete a needs assessment prior to submitting an application for I&E Program funds. OFP grant funds may not be used to conduct a new needs assessment. It is expected that applicants will utilize existing resources in the community and partner with other agencies that have conducted similar assessments of the community/target populations.

In order to design a project that will have a positive impact on reducing unintended pregnancies among adolescents, applicants must demonstrate their understanding of the scope and characteristics of the problem of teen pregnancy within their community, as well as the values and attitudes of its members for creating programs and services to ameliorate identified problems. A "needs assessment" is the process used to learn about a health/social problem such as teen pregnancy and to identify ways to improve the situation. Applicants must include in their application a summary of present and/or past needs assessments (within the last five years) in order to justify the type and design of the proposed project. The needs assessments do not have be conducted by the applicant agency. The applicant should be very familiar with the needs assessment documents summarized, and the needs identified must be pertinent to the community/target populations addressed by the application. The summary must include the dates, methodologies, and findings of each needs assessment that provides the foundation for the target group(s), strategies, and level of funding proposed in the I&E Program application. Review and consider existing information in public documents, other needs assessments, community survey data, and community and health statistics. If helpful, the documents should be included in the summary to provide further support.

At a minimum, the needs assessment should provide the following information:

1. The prevalence of teen and unintended pregnancy and absentee fathers in the community to be served.

2. Characteristics of the target population(s): age, neighborhood of residence, school attended, cultural beliefs and values, and religious affiliation.

3. Conditions that may put a target population at high risk for pregnancy or absentee fatherhood: family income level, number of single-parent households, unemployment rate, and educational attainment of parents.

4. Existing prevention and health services for teen pregnancy and absentee fatherhood: Family PACT providers, school-based or school-linked health centers, Adolescent Family Life and Cal Learn Programs, youth development programs, mentoring programs, tutoring programs, faith based initiatives, and programs for parents of adolescents.

5. Community attitudes, beliefs and values about the causes, consequences and solutions to teen and unintended pregnancy and absentee fatherhood.

6. Identification of Teen Birth Hot Spot Areas or areas of high need.

Applicants are required to conduct an extensive information collection effort to respond to the six categories listed above. Community input from stakeholders and target populations must be included. This input may be gathered by reviewing existing documents or by conducting face-to-face or telephone interviews, surveys, focus groups, or community forums. In addition, applicants who propose linkages to clinical services are encouraged to request Family PACT provider(s) to assist in the development of the needs assessment.

## XV. EVALUATION

**All projects funded by this RFA will be required to participate in statewide and local evaluations that include the Statewide Outcome Evaluation, Process Evaluation, and a Local Evaluation.**

The **Statewide Outcome Evaluation** will assess effectiveness cross-sectionally (horizontal) for interventions throughout the State that have a curriculum-based design and strategy that is at least eight hours in length. The **Process Evaluation** will document details of program implementation and participants on an on-going basis. The **Local Evaluation** will give a vertical, more in depth, view of entire program. The information collected in this evaluation will assist improvement of the effectiveness of a program.

### A. Statewide Outcome Evaluation.

**1.** Grantees are required to identify, in their proposed Scope of Work, which Goal (as stated in this RFA) and Strategy (Prevention Education) will be part of its Statewide Evaluation effort. There will be standardized evaluation surveys used for the Outcome Evaluation. The Statewide Outcome Evaluation will target adolescents only. The Office of Family Planning will provide technical assistance and consultation to each funded project by statewide formally designated Statewide Evaluation Consultants.

The Strategy targeting adolescents shall focus on one school or age level (middle/junior high school or high school) for the Statewide Evaluation.

a. The Strategy must be curriculum based and require participation of a minimum of eight hours. Age specific surveys will be provided in English and Spanish (and other languages, if necessary).

b. Agencies must obtain matched pre- and post-test surveys in each year of the grant. The required number of matched surveys will be based on the number of adolescents reached during the implementation of the strategy. A minimum of 25 matched pre- and post-test surveys will be required; however an agency may be asked to supply as many as 70 matched surveys based on statistical requirements. The exact number will be determined during contract negotiations.

2. In addition to the required strategy targeting adolescents, agencies have the option of evaluating their efforts with adults.

a. The strategy chosen must be curriculum based and last a minimum of eight hours. Surveys will be provided in English and Spanish.

b. Agencies must obtain a minimum of 25 matched pre- and post-test surveys every year.

c. Case Studies – The statewide evaluator will develop a series of case studies of non-curriculum based strategies funded under this RFA. The purpose of this component is to describe and assess the contributions of innovative locally developed approaches to the initiative's overall goals of reducing teen pregnancy and enhancing responsible fatherhood.

**B. Statewide Process Evaluation.**

Grantees are required to submit Progress Reports quarterly and complete Project Profile Forms **(Attachment IV)** annually. These reports and forms constitute the Statewide Process Evaluation and will document the implementation of all strategies: what was done, when, where, how, to whom, to how many, and for how long. Progress Reports and Project Profile Forms will be submitted to OFP who will analyze the data and use it to complement the Statewide Outcome Evaluation data.

## C. Local Evaluation

All agencies are required to participate in the Local Evaluation. The overarching goals for the Local Evaluation are to a give an in-depth (vertical) view of entire programs, improve program quality and build agency capacity. As agency and collaborator staff reflect on their efforts and assess results, they will learn to focus their resources for maximum effectiveness. They will develop a sense of ownership and feel empowered to identify processes that can and should be improved. They will learn how to develop and implement quality improvement strategies and see how evaluation contributes to overall program improvement.

**The purposes of the Local Evaluation are to:**

- Improve program quality and effectiveness.
- Provide ongoing information on the achievement of the Scope of Work objectives.

- Build agency capacity and organizational infrastructure to support program quality and effectiveness.

- Empower agency and collaborator staff to improve their skills and contribute to overall program effectiveness.

A key part of the Local Evaluation is the feedback loop, taking the evaluation information and using it for program improvement. Every agency will be required to report the results of their Local Evaluation to the OFP at the end of each year. How and why each objective will or will not be revised to improve program effectiveness should be included in the report. The local evaluation will be designed locally with assistance from a Local Evaluation Team contracted by the State. OFP wants to have consistent Local Evaluations throughout the State to enable in-depth views of what is happening statewide. Some of the strongest strategies to be implemented are not necessarily curriculum-based and the local prevention efforts can be evaluated using the local evaluation design. Applicants may hire outside consultants for the evaluation; however, they must work with OFP evaluators to design and implement the local evaluation.

**D. General Information on Evaluation Requirements**

All agencies must designate a staff person to oversee both the Statewide and Local Evaluations. The staff person designated for the evaluation activities will work with the following individuals and groups:

1. The Statewide and Local Evaluation liaisons to develop the statewide and local evaluation plans;

2. Other agency and subcontractor staff to develop outcome measurements and to collect, enter, analyze, and interpret data generated from these measurements;

3. Other agency and subcontractor staff to design and implement program changes based on local data;

4. Program staff to document results and share information with stakeholders.

The evaluation efforts (the Statewide Outcome and Process Evaluations, and the Local/Program Improvement Evaluations) of all the TPP Programs are of central importance to program effectiveness and quality. Therefore, every agency is required to designate a minimum of 10 percent and a maximum of 15 percent of its budget to evaluation activities. The amount dedicated to evaluation activities should be commensurate with the complexity of the project being proposed and strategies and target populations selected.

The grant funds that may be used on evaluation may be used for the following:

- Staff to design the evaluations.
- Staff to prepare progress reports.
- Staff to collect evaluation data.
- Staff to analyze evaluation data.
- Staff to write evaluation reposts.
- Staff time and travel to attend technical assistance statewide and/or regional evaluation meetings.

These funds can be spent to hire outside agency consultants to design and implement the evaluation activities. However, if the applicant chooses to hire an outside consultant, they must be

actively involved in the daily/weekly/monthly evaluation activities of the project. Further, the project coordinator and evaluation consultant will be both required attending state-sponsored evaluation meetings to ensure that evaluation requirements are being implemented and met.

## XVI. PAYMENT PROVISIONS

Based upon the annual project budget approved to provide services in the negotiated Scope of Work, the grantees selected for funding will receive grant payments based on the following schedule:

**First Grant Period—November 1, 2003 – June 30, 2004**

November 1, 2003 - 50 percent of the FY 2003-04 project budget contingent on a signed grant agreement.

**January 31, 2004** - 35 percent of the FY 2003-04 project budget contingent upon receipt and approval of the **first** progress report by OFP.

July 31, 2004 - 15 percent of the FY 2003-04 project budget contingent upon receipt and approval of the fourth progress report by OFP.

**Second Grant Period – July 1, 2004 – June 30, 2005 and subsequent grant periods.**

Funds for the TTP Programs will be provided to grantees in the following payment schedule (only if funds are appropriated by the Budget Act for each of the fiscal years involved).

July 15 - 25 percent of the specific fiscal year budget contingent upon approval of the scope of work and budget.

October 31 - 30 percent of the specific fiscal year budget contingent upon the receipt and approval by OFP of the first quarter progress report.

January 31 - 30 percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the second quarter progress report.

July 31 - 15 percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the fourth quarter progress.

The only exception to this payment schedule will be for the last payment of the last fiscal year of the grant. Projects will be required to submit a final project report on July 31st of the last fiscal year. The last 15 percent payment will be made upon receipt and approval by OFP of that final report.

The OFP may reduce or withhold a scheduled grant payment if the grantee does not meet any or all of the following:

- The evaluation requirements for the grant period;
- The content requirements specified by OFP;
- Achievement of the objectives and activities specified in the Scope of Work; and/or,
- The match requirement for the grant period, if applicable.

Upon receipt and approval of the final progress report, OFP may pay all or a portion of any previously withheld funds based on the grantee's achievement of the project Scope of Work, reporting requirements and applicable match requirements.

## PART TWO:

## *INFORMATION TO BE INCLUDED IN THE APPLICATION*

## I. APPLICATION PROCESS

Applications for funding must be completed according to the instructions delineated in this part, (Part Two) of the RFA. Substantive review of the proposal will be based only upon the information contained in the proposal. Applicants are advised to submit only the information requested in the RFA instructions.

All required forms are in Part Four labeled as **Attachments** and must be submitted as part of the application. Copy and complete all of the forms. Make certain that the person signing the forms is authorized to legally bind the agency. DHS may reject an application that contains unsigned forms or omits any forms. Sections requiring a narrative response must be completed according to the instructions in that section. Each section must be clearly identified and titled. Failure to follow these instructions may result in rejection of the application.

Letters of Commitment and the TPP Collaborative Roster Form (Attachment V) from agencies participating in the collaborative or who will participate in the proposed project, must accompany the Community Collaborative narrative in the application package. Do not submit these documents separately from the application package.

## II. GENERAL INSTRUCTIONS

A. Read all instructions carefully. Be sure to include all information required in the RFA, including the required attachments. Do not assume that the reviewers have prior knowledge of the applicant agency or any of the collaborating agencies identified by the applicant agency.

B. The application should be single-spaced with one inch margins on all sides of the paper. The font size should be no less than 12 points. For the Scope of Work Form, applicants may use a 11 or 10 font size.

C. Number each page of the application at the bottom center of the page.

D. Pages must be single-sided.

E. Staple all pages of the application together in the upper left-hand corner. Do not use a three-ringed binder or other type of binding.

F. Do not submit extraneous materials. Materials not requested will be ignored and/or discarded.

G. Originals must be signed in blue ink.

## III. SECTION REQUIREMENTS

### A. APPLICATION COVER SHEET (Attachment I) Self Explanatory

### B. AGENCY INFORMATION (Attachment II) – Self Explanatory

### C. APPLICANT CHECKLIST/TABLE OF CONTENTS (Attachment III)

***Note:*** *All the sections and forms listed on the "Application Checklist/Table of Contents" form must be included in the application package. Check off each item to indicate its inclusion. The DHS/OFP may not review an application that is incomplete or out of compliance.*

To create the Table of Contents for the Application add the page numbers in a right hand column opposite each item on the checklist. When compiling the application, order the sections in sequence.

### D. PROJECT PROFILE (Attachment IV)

*The first three pages of the "Project Profile" form must be filled out. The fourth page is the "Quick Strategy/Sub-Strategy Reference Guide. This form gives OFP a concise overview of the proposed project.*

**Item 10**: Indicate the curriculum to be used, be specific and check the appropriate box to indicate whether the curriculum selected was evaluated (field tested, peer reviewed, with the evaluation published in at least one professional journal), non-evaluated, or modified (changed in some way to fit the needs of a specific target population).

### E. APPLICANT CAPABILITY

"Applicant Capability" cannot exceed three (3) pages of narrative text. The organization chart, duty statements, resumes, Board of Directors roster, non-profit status documentation, and local government resolution) are excluded from the page limitation.

This section should describe the ability of the applicant to successfully implement the proposed project. Refer to Part One, Section XI "Expectations of Administrative and Program Capability" for more information. Answer all of the following questions as they apply to the applicant agency.

1. Discuss the applicant agency's history (including the date the agency was established) and primary mission. Explain the services and programs currently offered. Identify how many participants are served annually. Describe the participant profile.

2. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project. Describe how the proposed project will be incorporated into the organizational structure and attach an organizational chart

clearly indicating the placement of the proposed project. Place the organizational chart in the Attachment Section of the application.

3. Explain how long the applicant has been involved with the issues pertinent to pre-sexually and/or sexually active adolescents and young adults at risk of unintended pregnancy and absentee fatherhood.

4. Describe the applicant's ability to assess the service needs of the target population(s) related to the proposed project. Describe the applicant's ability to address cultural aspects of the target population.

5. If the applicant agency currently or previously received any OFP funding to include CCG Programs, either as a lead agency or as a subcontractor, briefly describe the project. Indicate the applicant's success in achieving its stated objectives and its experience in complying with grant requirements.

6. Attach duty statements for all key project staff positions listed in the project budget under the personnel line item. The duty statements should include the minimum qualifications for each position in terms of knowledge, experience, and education. Attach resumes for all staff already in place or identified for each budgeted position. Place duty statements and resumes in the Attachment Section of the application.

7. Describe the agency's financial ability to conduct this project. Given that grant payments are made on a reimbursement basis, explain how the applicant agency is financially able to operate the project while awaiting payment.

8. Describe the applicant's auditing history over the last three (3) years. Describe the frequency and types of audits, date of last audit, and a summary of major findings from the last audit. Do not send copies of audits or related material with the applications.

9. For non-profit corporation applicants only, attach a list of the corporation's Board of Directors and proof of non-profit corporate and tax-exempt status. For agencies in the process of incorporating, please submit proof of application for state non-profit corporate status or state/federal tax-exempt status. See **Appendices IV and V** for examples of acceptable documentation. Place the requested documentation in the Attachment section.

10. Applications from local government agencies that must report to a governing board are required to include the governing board's (e.g., City Council or Board of Supervisors) resolution providing authority to apply for and accept grant funds; or, include a letter documenting when the resolution was submitted and when the applicant expects to receive approval. After passage, submit the resolution to OFP before the grant agreement is finalized. Place this documentation in the Attachment Section of the application.

## F. COMMUNITY COLLABORATION

This section cannot exceed four (4) pages of narrative. The Information & Education Programs Project Collaborator Roster form, Letters of Commitment and School Agreement Forms are excluded from the page limit.

All applicants must demonstrate support and development of a collaboration process for the planning, design and eventual implementation of the proposed project. All applicants must demonstrate that there will be community input and decision-making when identifying the type of strategies that will best meet local needs in order to achieve the goals of decreasing teenage and unintended pregnancies and absentee fatherhood.

In this section, applicants must provide a full description of its plan to develop, maintain and sustain a community collaborative as an integral component of its proposed project. Existing community collaboratives working in youth development and pregnancy prevention issues are acceptable for use for this collaboration process. The applicant must indicate which level of collaboration it will support. Refer to Part One, Section XII, "Community Collaboration," for a full description of the characteristics and requirements of a "Collaborative Alliance."

1. Briefly describe how the collaborative members were specifically involved in the development of this application. If appropriate, indicate the Family PACT providers and referral mechanism that will be used for client referral to clinical services; also indicate the AFLP/ASPPP participation, if applicable.
2. Provide background information on the collaborative, e.g., date of establishment, mission statement, structure, past and current activities and accomplishments.
3. Describe the communication system or meeting structure used to ensure that collaborators and other community members are able to provide ongoing input into the development, implementation and evaluation of the project.
4. Indicate which staff position will have lead responsibility for supporting the collaborative structure and describe her/his duties.
5. On the Information & Education Programs Project Collaborative Roster Form (Attachment V), list the name of each collaborator and complete all information requested. A Letter of Commitment or a Memorandum of Understanding (MOU) must be submitted by each agency named in the collaborative roster.
6. Attach the "Letters of Commitment" or Memoranda of Understanding ("MOUs") from each collaborator to the "Collaborative Roster." School Agreement Forms must be signed by and individual who has the authority to commit the school to participate in the TPP Program.
7. Attach the Letters of Commitment or MOUs from each proposed subcontractor to the "Collaborative Roster." The letters or MOUs must indicate the specific responsibility and services to be provided by the subcontractor. The MOU form should be used for all projects where funds are being paid for services to be provided. A representative duly authorized to bind the subcontractor must sign the MOU. If a subcontractor has a policy that forbids it from signing MOUs prior to the award of a grant, please indicate on the Letter of Commitment and the application that the MOU will be provided prior to the signing of the grant agreement.

8. In the Attachment section, include a completed and signed "School Agreement Form" **(Attachment VI)** for each school district or school that will be included the proposed project.

## G. CLINICAL SERVICES COLLABORATION AND LINKAGES

The Clinical Services Linkage may not exceed three (3) pages. All applicants must demonstrate inclusion of Family PACT providers in the development of the application and evidence of an established referral mechanism with one or more Family PACT providers. Documentation of established referral linkages between the proposed I&E project and a Family PACT provider is required to ensure that all target populations have access to reproductive health and contraceptive services.

This section requires inclusion of a narrative description of the referral mechanism that has been developed and its operation as an integral part of the proposed project. Please describe how the referral mechanism will be sustained and maintained throughout the project.

1. Indicate the number of Family PACT Provider(s) involved in the project.
2. Briefly describe how the Family PACT provider(s) participated in the development of the application.
3. Provide brief background information on how the referral to clinical services is anticipated to operate throughout the project period.
4. Describe the communication system used to ensure that the Family PACT providers will provide on-going input in the implementation of the project and the referral mechanism developed.
5. Indicate the staff person responsible for on-going communication between proposed project staff and Family PACT provider(s).
6. On the Collaborative Roster Form **(Attachment V)**, list the name of each Family PACT provider and their address.
7. In the Attachment section, include Letter of Commitment, as appropriate from each Family PACT provider involved.

## H. COMMUNITY NEEDS ASSESSMENT

The "Community Needs Assessment" may not exceed three (3) pages.

1. The community needs assessment narrative should contain a summary of the assessments used. The needs assessments may be gathered from appropriate sources or conducted by the applicant and their collaborators. Include only those assessments that are appropriate to the target population(s). Use a table to display the needs assessments utilized in this application. Copies of these assessments do not need to be submitted with the application.

| Title of Assessment | Author/Agency | Date of Assessment | Methods Used For Needs Assessment | Brief Summary of Findings |
|---|---|---|---|---|
| | | | | |

2. Submit a narrative summary of the above assessments that serve as the foundation for selection of the target population(s) and strategies to be utilized for the proposed TPP project. The narrative must document that the proposed program goals, program design and activities are appropriate to the target population(s) and include:

    a. The prevalence of teen and unintended pregnancy, and teen parents, and/or parents or other youth adults serving in the community to be served.
    b. Characteristics of the target population(s): Ages, neighborhoods of residence, schools they attend, cultural beliefs and values, religious affiliations, and whether residents are refugees, recent immigrants, or long term community members.
    c. Conditions that may put the target population at high risk for pregnancy or parenting: Family income levels, number of single-parent households, unemployment rates, and the educational attainment of parents.
    d. A description of the current teen pregnancy and absentee fatherhood prevention projects and health services in the community: CCG Project, MIP, and/or Family PACT providers, school-based or school-linked health centers, AFLP and Cal Learn Programs, youth development programs, mentoring programs, tutoring programs, faith based initiatives, and programs for parents of adolescents. Explain why the proposed project is needed and justify how a more comprehensive approach will enhance the existing services. Identify the existing gaps in service that will be addressed and/or improvements that will be implemented by the proposed project.
    e. Information about community attitudes, beliefs and values on the causes, consequences and solutions to teen and unintended pregnancy.
    f. The identity of existing community assets, resources, and opportunities that will support implementation of the proposed project.
    g. Anticipated obstacles to implementation of the project and what will be done to avoid or overcome them.
    h. If the applicant is currently providing services under a CCG grant, I&E, or MIP contract, changes noted in the target population(s) and/or strategies proposed since the inception of the project to address those changes, and the specific action to be taken to implement the strategies.

3. There are areas in California that have a high teen birth rate but are not included in the census track data. For that reason, it is very important that applicants who propose projects in those areas include the needs assessment information and data source in the “Community Needs Assessment” section of the application.

## I. PROJECT DESCRIPTION

This section may not exceed six (6) pages.

The “Project Description” is a narrative explanation of the proposed project. The overall account of the project should clearly depict the “big picture.”. Using the information provided in the Scope of Work, describe how all of the proposed activities link in a planned and organized manner.

This section of the application should be specific to the implementation of education and prevention strategies proposed in the application.

1. Describe the purpose and overall approach of the proposed project. For each proposed goal and affiliated strategies, provide a brief rationale justifying their appropriateness and likelihood of success with the chosen target population. **Appendix XIV**, "Program Planning with the Logic Model" and **Appendix XVII** "BDI Logic Model"," are provided as a reference tool to assist in the development of the proposed project. OFP is recommending the use of the logic model process for planning and designing a local I&E program. If available, give a citation to applicable research that supports the effectiveness of the proposed strategies. If research has found these strategies to be ineffective or is equivocal, explain why the selected strategies are being proposed and how they will be modified to overcome weaknesses documented in research.
2. Describe the specific target population(s) the project is proposing to serve. For each of the population(s), indicate the type of services to be provided, recruitment and maintenance efforts, and how success will be determined.
3. Describe how the target population(s) will specifically benefit from the proposed services/project and how the services/project will support the goals of the proposed program.
4. Describe the organizational structure of the project, relationships with other agency projects and other local agencies, and staff composition as it relates to the project design.
5. Describe the community support for and participation in developing the application and how community participation will continue throughout the implementation of the project.
6. Identify the curricula to be used as part of this proposed project – indicate the title of each curriculum, include the author, publisher, date of publication, general description of content, and description of intended audience (e.g., age, gender, grade level). Provide a brief rationale for the selection of each curriculum. State the applicant's experience and training in using the intended curricula.

7. If an applicant selects formal mentoring as a proposed intervention, it must also provide a copy of the notification from the California Mentor Initiative (CMI) indicating that the applicant agency's or its subcontractor's Quality Assurance Application Worksheet has been reviewed and approved. If the agency has not received such a notification from CMI, the applicant must address its timeline for submission of the CMI Request for inclusion in the California Mentor Program Database Application. See Part One, Section XII. "Samples of Project Strategies," "C. Mentoring Services," for detailed information on mentoring requirements. Place the mentoring documentation in the Attachment Section of your application.

## J. SCOPE OF WORK

All applicants are required to submit a detailed and complete Scope of Work form for FY 2003-2004, a one page narrative description of the plan for FY 2004-2005, and a one page narrative description of the plan for FY 2005-2006.

### Fiscal Year 2003-2004 Scope of Work (Attachment XI)

The "Scope of Work" is the "service map" or guide detailing the objectives, activities, and expected results. A separate scope of work is required for each objective/strategy/and/or sub-strategy selected. Please do not combine strategies on the same Scope of Work form. The Scope of Work should not exceed two pages for each objective/strategy/sub-strategy. For each objective/strategy requiring an additional page, complete an additional Attachment VII Part A.

To complete the Scope of Work **(Attachment XI)** form provide the following:

**a. Goal:** Goals are broad statements toward which the project's efforts are directed. Indicate one specific goal of the five (5) of this RFA (listed in Part I, Section III, "I&E Program Goals") toward which your project is directed. **Do not** make up new goals). State one goal for each strategy selected.

**b. Objective:** Indicate the objectives of the project by listing the strategies and a substrategies (listed in Part I, Section XII, "Project Strategies") that will be undertaken to accomplish the selected goal. The objectives must be measurable and specific and include the following information:

- Gender(s) served;
- Percentage of each age group(s) served;
- Percentage of each ethnic group(s) served;
- The **minimum** number of participants served, the number of sessions/presentations/meetings, etc. that participants will attend, and the number of minutes each session/presentation/meeting, etc. will last;
- Whether a curriculum is used and if so, the specific title of the curriculum;
- Whether the selected objective/strategy is part of the Statewide Outcome Evaluation; and,
- The results expected, in measurable terms, after a participant completes the objective/strategy.

**c. Activities/Tasks Needed to Complete This Objective:** Indicate step-by-step how each objective/strategy will be accomplished. Specify the individual, group or agency responsible for each task. If the applicant agency is responsible for a task identify the staff position(s) accountable. If a subcontracting agency is responsible for a task, identify the subcontractor by name. Indicate by month and year when the specific activity/task will be conducted.

**d. Site of Service:** Indicate the service sites where the activities/tasks will occur by their actual name and location.

A completed Scope of Work sample is provided in **Attachment VII** Part B.

**Appendix XVI**, *Program Planning with the Logic Model,* is provided as a reference tool to assist in the development of the proposed Scope of Work. OFP recommends using the logic model process to facilitate the creation the I&E Program plan and design method.

After review of the applications and award of the grants, the Scope of Work may need to be revised if the amount of the award is modified or changes to the program are recommended. If revisions are necessary, OFP will contact the applicant. Changes will be negotiated and a deadline for submission of the final scope of work to OFP will be set.

Fiscal Years 2004-2005 and 2005-2006 WORKPLANS

Detailed Scope of Work forms for the second and third project years are **NOT** required at this time. However, all applicants must submit a narrative description (no more than two pages) of their work plans for the second and third project years (Fiscal Years 2004-2005 and 2005-2006). These plans must include a general statement of how the Scope of Work will be enhanced or modified each year.

If an applicant is awarded grant funds, detailed Scope of Work forms for each objective for FY 2004-05 and FY 2005-06 are required to be submitted on or before May 1, 2004 and May 1, 2005, respectively, for review and approval by OFP.

## K. EVALUATION PLAN

This section shall not exceed three (3) pages.

The "Evaluation Plan" is a narrative description of how the applicant will determine whether project objectives are being achieved along with the Statewide Evaluation requirements. The following information must be included:

- A description of the applicant's past experience and capacity to collect and report data.
- The name(s) and position(s) of the staff responsible for performing the evaluation. Describe the staff's experience in performing and completing the required evaluation activities. Indicate the percentage of staff time and the budget amount allocated to support the evaluation. It is mandatory for every agency to designate 10% to 15% of its budget for evaluation activities.
- A description of the applicant's familiarity and/or experience in securing the necessary approvals for conducting pre- and post-surveys/tests in schools, if a proposed project strategy will be administered in a public school setting.
- If an applicant is currently receiving or previously received OFP Program funds, describe the findings of its statewide and local evaluation activities.

In addition to the information outlined above, submit a narrative of the applicant's Local Evaluation plan. It must include:

- A step by step outline of how the applicant plans to accomplish the Local Evaluation requirements such as measurement tool development; data collection and analysis, and a feedback loop.
- An explanation of the process used to decide the strategy/sub-strategy, e.g., focus groups with the target population, logic modeling.
- An explanation of the applicant's philosophy regarding evaluation and how it is integrated into overall agency functioning and community level efforts.

## L. BUDGET, BUDGET JUSTIFICATION, AND MATCH DOCUMENTATION

### 1. LINE ITEM BUDGET REQUIREMENTS

The application must include a line item budget for the first fiscal year detailing the costs for the project over the first 12 months. Sample Budget and Sample Budget Justification are provided in **Appendix VIII and Appendix IX**, respectively. The amount budgeted for the first year will be the same amount of money budgeted each subsequent year of the grant. The applicant must develop the first year (FY 2003/2004) budget in order to meet the requirements of the grant award and ensure successful project implementation. The budget must be realistic and cost-effective. The OFP will review the proposed budget to determine its cost effectiveness and appropriateness to the proposed Scope of Work. Budget projections for all subsequent fiscal years must be provided on the "Application Cover Sheet" (Attachment I).

The final grant amount may differ from that requested in the application. If the amount of funding is modified, than a revised budget will be negotiated and resubmitted. The OFP may use final budgets and scopes of work to evaluate funding utilization and appropriateness.

### 2. PROHIBITED EXPENSES

**a. Bonuses/Commissions.** Bonuses and commissions paid from grant funds are prohibited.

b. **Lobbying.** Grant funds may not be used for lobbying activities.

c. **Fund Raising.** Grant funds cannot be used for organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.

d. **Purchase of Real Property.** Grant funds cannot be used to purchase real property.

e. **Interest.** The cost of interest payments is not an allowable expenditure.

f. **Lease-Purchase Options.** It is prohibited to use grant funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.

g. **Clinical Services.** Expenditures for clinical services are **NOT** reimbursable expenses under this grant. Clinical services within the context of pregnancy prevention and family planning services are defined as reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures, including contraceptive supplies and follow-up

h. **Grant Writing.** All costs associated with responding to this RFA and preparing an application are not reimbursable expenses.

i. **Religious Doctrine/Beliefs.** Reimbursement of expenses for program services, educational materials, and any other items.) that are religious in nature or promote religious doctrine is prohibited. Likewise, payment for a sectarian purpose, including payment to aid any church or religious group, is not an allowable expense.

j. **Clinical Mental Health Services.** Grant funds may not be used to reimburse the expense for formal assessment, evaluation, analysis or treatment of a patient's psychiatric disorder by a licensed psychiatric provider, whether it is provided individually or in a group setting. However, reimbursement for short-term "counseling" to individuals about pregnancy prevention strategies and/or for referral for clinical services is appropriate under this RFA.

k. **Food and refreshments.** The purchase of food and refreshments for anyone other than the target population is prohibited. Food and refreshment must be used as an incentive and only provided to the target population during prevention or educational activities.

## 3. BUDGET CATEGORY INSTRUCTIONS

Applicants should prepare their proposed budgets based upon the following instructions. All amounts should be rounded to whole dollars. A budget for FY 2003/2004 is required. Applicant must provide projected total budget figures for all subsequent fiscal years and these figures can be placed on the "Application Cover Sheet" **(Attachment I)**. **See Appendix XIII** for a sample of the Budget.

**Remember** that every agency is required to designate a minimum of 10% and a maximum of 15% of its budget to evaluation activities (see Part I, Section XV, Evaluation). A breakdown of the costs related to the evaluation activities must be included in the budget justification. **See Appendix IX.**

### a. Personnel

Under the personnel line item, identify each position or classification to be funded under the grant, its total monthly salary range for a full time employee, the percent of

time the position will be funded and the annual cost. Multiple personnel performing the same classification duties may be combined into one line item under Personnel (e.g., one full time and one half-time community outreach worker can be itemized as 1.5 FTE community outreach worker positions). However, the actual number of staff, regardless of their individual percentage of time, must be identified in the "Budget Justification." Do not designate the percentage of each staff member's time by strategy.

Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. **Grant money may not be used to pay for sick leave or vacation time accrued prior to but taken after the time the individual starts work that will be paid by grant funds.**

Staff positions must be funded from 50% to 100% FTE (full time equivalent) unless the Applicant can justify funding of a "new" or existing position at less than 50% FTE.

Agencies must designate a staff person and/or consultant to oversee both the statewide and local evaluations. The person responsible for the evaluations must be identified in the budget justification.

Only positions (as defined in the job duty statements) directly involved in the development, delivery and support of the project activities are listed under "**Personne**l". Administrative and fiscal staff (i.e., Executive Directors, Accountants, Bookkeeping, etc.) are designated as "**Indirect Costs".**

**b. Fringe Benefits**

Expense the benefits as a percentage of the total personnel salaries. Benefits cannot exceed those already established by the applicant prior to the award of grant. Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance and/or pension plans are allowable budget items. The amount allowed for fringe benefits should be a reasonable percentage based on each agency's need and must be justified. Other benefits, such as uniforms and professional association dues, if negotiated as part of the employee benefit package, are allowable budget items. **(See Appendix XVI, Contract Uniformity).**

**c. Total Personnel and Benefits**

Indicate the aggregate of the personnel and fringe benefits costs.

**d. Operating Expenses**

Allowable operating expenses are those expenditures exclusive of personnel services and benefits necessary for performance of the grant terms. Such expenses must be grant related and incurred during the term of the grant. The following categories of operating expenses must be identified:

1) **General Expenses:** This category includes all general costs of the operation of the project not identified as equipment, travel, subcontractor, consultant, or other costs. Examples of such expenses are office supplies, equipment maintenance, computer software, telephone, postage, duplication, and other consumable operating costs. Furniture and office equipment with an acquisition cost of $4,999 or less per unit (including tax, installation and freight) are general expense items.

2) **Space Rent/Lease:** The cost of renting or leasing office space must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 100 square feet of office space per FTE.

   The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use.

3) **Printing:** Identify the costs of printing, duplication and reproduction of materials used under the I&E Program. Costs of printing more than ten percent of the total grant must be justified and reflected in the grant agreement.

4) **Equipment Rental:** Rented or leased equipment must be budgeted as an operating expense. Lease-purchase agreements or options are prohibited and not a valid grant related expense.

5) **Audit costs:** The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year must be included in the budget. Up to $3,000 may be budgeted for the financial audit if the total annualized amount of the grant is less than or equal to $150,000. Up to two (2) percent of the annual grant amount may be budgeted for the financial audit if the annual amount of the grant is greater than $150,000.

**e. Total Operating Expenses**

Indicate the total of all operating costs.

**f. Equipment Purchases**

"Equipment" refers to an item having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (including tax, installation and freight). The rental of equipment used solely for project activities is allowable if it is essential to the implementation and operation of the project. The rental costs are a subcategory of Operating Expenses. Grant funds may not be used to reimburse the applicant for equipment purchased prior to the grant agreement. All equipment purchased in whole or in part with state grant funds is the property of the state government. However, under certain circumstances, equipment may be transferred to the grantee at the end of the grant period. Transfer of equipment will be considered if, after review, there is satisfactory compliance with the Grant Award Agreement.

Equipment cannot be purchased without prior approval of OFP.

**g. Total Equipment Purchases**

Indicate the total of all equipment to be purchased.

**h. Travel and Per Diem**

The money budgeted for travel must be for expenses related to the administration of the project. The travel and per diem line item in the budget must include only the travel costs specifically related to staff activities. Travel costs associated with program participants are identified as "Transportation" under "Other" below. For example, travel costs associated with staff attending a collaborative meeting or traveling to a school site to conduct a presentation would be reported under the

Travel and Per Diem line item. The travel costs to assist program participants to obtain project services would be reported under the "Other" line item.

The state reimbursement rate for use of a private automobile is $0.34 per mile, unless a higher rate can be justified. A rate up to $.37 per mile can be paid if an annual certification is submitted that indicates that the cost of operation of the particular automobile equals or exceeds the amount claimed ($0.35-$0.37 per mile). The certification must be on file with the agency and available for audit, but should **not** be submitted with the application. Travel reimbursement is on a per trip basis. The amount of the mileage reimbursement includes all costs of operating the vehicle. For both staff and project related travel, the agency must utilize the lowest available cost method of travel.

For all other travel costs and per diem rates, **see Appendix VI** "Travel Reimbursement Information". These rates and rules apply both to the travel and per diem line item as well as the transportation line item under "Other".

For the travel and per diem line item, applicants must include a sufficient travel and per diem allocation for project staff to attend one OFP annual conference and at least one regional meeting each year. Since it is possible that the annual conference will be held in the northern or southern part of the State, it is recommended that applicants budget for the more expensive of the two alternatives. If several staff, volunteers and/or youth will be attending the same event, budget for the number of people attending. A minimum of one project staff person from each lead agency will be required to attend the OFP conference and regional meetings.

**i. Total Trend Travel and Per Diem**
Indicate the total of all travel expenses and per diem costs.

**j. Subcontracts/Consultants**
Identify all subcontracts with other agencies or organizations as requested in the TPP Programs Project Collaborative Roster Form **(Attachment V)**. In addition, **see Appendix VII**, titled "Subcontract/Consultant Criteria".

Consulting services are services provided to the applicant on a contractual basis by individuals that are not employees of the applicant agency. Consultants cannot be used in lieu of employees or volunteers. Each specific consultant and the expertise and service they will contribute to the project must be identified.

Reference the specific objective(s) and activities from the Scope of Work that the consultant will be responsible for completing. The maximum payable to a consultant is $350 per eight hour day.

**k. Total Subcontractors/Consultants**
Indicate the total subcontractor/consultant costs.

**l. Other Costs**
Costs that are not covered in the operating line items above, but are related to project operations and provision of services, should be identified under this section. Examples of "Other Costs" include training for project staff, volunteers, and/or youth; purchase of educational materials; participant transportation costs; and costs related to the performance of the objectives not included elsewhere.

Up to five (5) percent of the total amount requested may be allocated to cover agency administrative support to subcontractors. This administrative cost is available only to

agencies that have undertaken formal subcontractors and collaborators to provide some portion of the activities for a set amount of the funds.

**m. Total Other Costs**
Indicate the total of the "Other –Costs".

**n. Indirect Costs**
Specify indirect costs as a percentage of the total personnel salary and wage costs, including fringe benefits not to exceed 15%.

**o. Total Indirect Costs**
Indicate the total amount of the Indirect Costs.

**p. Total Amount Requested**
Sum of personnel and benefits, operating expenses, equipment purchases, travel and per diem, subcontracts/consultants, other costs and indirect costs (items "a" through "o" above).

**4. BUDGET JUSTIFICATION (No Page Limit)**
The applicant must provide a Budget Justification narrative for the FY 2003/2004 budget. The budget justification must identify the line item category and the amount of funding, and provide a brief narrative in support of each line item, justify the appropriateness and necessity of the cost to the achievement of the project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications the number of staff in each position/classification and reference the specific objectives that each position will be responsible for completing. In addition, a justification is required for the percentage used to calculate fringe benefits. Detailed budgets for subcontracts must be provided. A sample Budget Justification can be found in **Appendix IX**.

**5. ADDITIONAL APPLICATION FORMS**
Complete the following forms and include in the attachment section:

- "Incoming funds by Source" form **(Attachment XI)**
- "Anticipated funds by Source" form **(Attachment XI)**
- "Payee Data Record" **(Attachment VIII)**
- Information and Education Reference form **(Attachment X)**
- Mentoring Documentation **(Appendix II)**

# PART THREE:

## *APPENDICES*

# California Mentor Initiative Quality Assurance Standards

Source: National Mentoring Working Group, convened by United Way of America and One to One
the National Mentoring Partnership, 1991

## Presented to and accepted by the California Mentor Coalition

February 2000
Publication No. (ADP) 00-1121

California Mentor Initiative



## Definition of Mentoring

Mentoring defined as:

For the purposes of the California Mentor Initiative, mentoring is defined as a relationship over a prolonged period of time between two or more people where older, wiser, more experienced individuals assist youth through the human development process by providing constant, as needed support, guidance, and concrete help to a minor whose at-risk environment increases their chance of exposure to teen pregnancy, academic failure, gangs and violence, use of alcohol and drugs and other at-risk behaviors.

## California Mentoring Elements of Effective

# Practice

For purposes of the California Mentor Initiative the following have been identified as elements of effective mentoring practice.

A Responsible Mentoring Program Will Include:

• A well-defined mission and established operating policy.
• Regular, consistent contact between the mentor and the participant.
• Consent by the family or guardian of the mentee.
• Additional community support services.
• An established organization for oversight.
• Adherence to general principles of volunteerism.
• Paid or volunteer staff with appropriate skills.
• Written job descriptions for all staff and volunteer positions.
• Adherence to EEO requirements.
• Inclusiveness of racial, economic, and gender representation as appropriate to the program.
• Adequate financial and in-kind resources.
• Written administrative and program procedures.
• Written eligibility requirements for program participants.
• Program evaluation and ongoing assessment.

California Mentor Initiative

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• A long-range plan that has community input.
• Risk management and confidentiality policies.
• Use of generally accepted accounting practices.
• A prudent and reasonable rationale for staffing requirements that are based on:

Organization's statement of purpose and goals
Needs of mentors and mentees
Community resources
Staff and other volunteers' skill level

## For purposes of the California Mentor Initiative, quality mentoring programs need to have the following

1. A Statement of Purpose and a Long Range Plan that includes:

• Who, what, where, when, why and how activities will be performed.
• Input from originators, staff, funders, potential volunteers, and participants.
• Assessment of community need.
• Realistic, attainable, and easy-to-understand operational plan.
• Goals, objectives, and timelines for all aspects of the plan.
• Funding and resources development plan.

2. A Recruitment Plan for both mentors and mentees that includes:

• Strategies that portray accurate expectations and benefits. Year round marketing and public relations. Targeted outreach based on participant's needs.
• Volunteer opportunities beyond mentoring (i.e., event organization, office support, etc.)

• A basis in your program's statement of purpose and long-range plan.

3. An Orientation for mentors and mentees that includes:

• Program overview.
• Description of eligibility, screening process, and suitability requirements.
• Level of commitment expected (time, energy, and flexibility).
• Expectations and restrictions (accountability).
• Benefits and rewards they can expect.
• A separate focus for potential mentors and participants.
• A summary of program policies, including written reports, interviews evaluation, and reimbursement.



4. Eligibility screening for mentors and mentees that includes:

• An application process and review.
• Face-to-face interview.
• Reference checks for mentors which must include criminal history record checks (finger printing), and may include character references, child abuse registry check, and driving record checks.
• Suitability criteria that relate to the program statement of purpose and needs of the target population. Could include some or all of the following: personality profile; skills identification; gender; age; language and racial requirements; level of education; career interests; motivation for volunteering; and academic standing.
• Successful completion of pre-match training and orientation.

If you have Youth Mentors, the following will apply:

• An application process which must include a parental consent form.
• Face-to-face interview.
• Reference checks of at least two personal non-related adults.
• Successful completion of a pre-match training and orientation.

5. A readiness and training curriculum for all mentors and mentees that includes:

• Trained staff trainers.
• Orientation to program and resource network, including information and referral, other supportive services, and schools.
• Skills development as appropriate.
• Cultural/heritage sensitivity and appreciation training.
• Guidelines for participants on how to get the most out of the mentoring relationship.
• Do's and don'ts of relationship management.
• Job and role descriptions.
• Confidentiality and liability information.
• Crisis management/problem solving resources.
• Communication skills development.
• Ongoing sessions as necessary.

6. A Matching Strategy that includes:

• A link with the program's statement of purpose.
• A commitment to consistency.
• A grounding in the program's eligibility criteria.
• A rationale for the selection of this particular matching strategy from the wide range of available models.

• Appropriate criteria for matches, including some or all of the following: gender; age; language; requirements; availability; needs; interests; preferences of volunteer and participant; life experience; temperament.
• Signed statements of understanding that both parties agree to the conditions of the match and the mentoring relationship.
• The program may have pre-match social activities between mentor and mentees.
• Team building activities to reduce the anxiety of the first meeting.

7. A Monitoring Process that includes:
• Consistent scheduled meetings with staff, mentors, and mentees.
• A tracking system for ongoing assessment.
• Written records.
• Input from family, community partners, and significant others.
• A process for managing grievances, praise, rematching, interpersonal problem solving, and premature relationship closure.

8. A Support, Recognition and Retention Component that may include:
• A formal kick-off event.
• Ongoing peer support groups for volunteers, participants, and others.
• Ongoing training and development.
• Relevant issue discussion and information dissemination.
• Networking with appropriate organizations.
• Social gatherings of different groups as needed.
• Annual recognition and appreciation event.
• Newsletters or other mailings to mentors, mentees, supporters, and funders.

9. Closure Steps that include:
• Private and confidential exit interviews to de-brief the mentoring relationship between:
—Mentee and staff
—Mentor and staff
—Mentor and mentee without staff
• Clearly stated policy for future contacts between mentor and mentee.
• Assistance for participating in defining next steps for achieving personal goals (for the mentee).

10. An Evaluation Process based on:
• Outcome analysis of program and relationship.
• Program criteria and statement of purpose.
• Information needs of board, funders, community partners, and other supporters of the program.

# Recommended Best Practices for Mentor Programs

Source: National Mentoring Working Group, convened by United Way of America and One to One the National Mentoring Partnership, 1991

September 2002
Publication No. (ADP) 02-1121

Governor's Mentoring Partnership



## Definition of Mentoring

Mentoring defined as:

For the purposes of the Governor's Mentoring Partnership (GMP), mentoring is defined as a relationship over a prolonged period of time between two or more people where older, wiser, more experienced individuals assist youth through the human development process by providing constant, as needed support, guidance, and concrete help to a minor whose at-risk environment increases their chance of exposure to teen pregnancy, academic failure, gangs and violence, use of alcohol and drugs and other atrisk behaviors. It is the intention of the GMP that relationships last at least the length of a school year and that the ratio of mentors to mentees not exceed 1 to 4.

## California Mentoring Elements of Effective Practice

For purposes of the Governor's Mentoring Partnership the following have been identified as elements of effective mentoring practice.

A Responsible Mentoring Program Will Include:

- A well-defined mission and established operating policy.
- Regular, consistent contact between the mentor and the participant.
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- Adherence to general principles of volunteerism.
- Paid or volunteer staff with appropriate skills.
- Written job descriptions for all staff and volunteer positions.
- Adherence to EEO requirements.
- Inclusiveness of racial, economic, and gender representation as appropriate to the program.
- Adequate financial and in-kind resources.
- Written administrative and program procedures.

• Written eligibility requirements for program participants.
• Program evaluation and ongoing assessment.
• A long-range plan that has community input.
• Risk management and confidentiality policies.
• Use of generally accepted accounting practices.
• A prudent and reasonable rationale for staffing requirements that are based on:
Organization's statement of purpose and goals
Needs of mentors and mentees
Community resources
Staff and other volunteers' skill level

## For purposes of the Governor's Mentoring Partnership, quality mentoring programs need to have the following

1. A Statement of Purpose and a Long Range Plan that includes:
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• A link with the program's statement of purpose.
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• A grounding in the program's eligibility criteria.
• A rationale for the selection of this particular matching strategy from the wide range of available models.

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• Appropriate criteria for matches, including some or all of the following: gender; age; language; requirements; availability; needs; interests; preferences of volunteer and participant; life experience; temperament.
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• Ongoing training and development.
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10. An Evaluation Process based on:
• Outcome analysis of program and relationship.
• Program criteria and statement of purpose.
• Information needs of board, funders, community partners, and other supporters of the program.

# State of California

## SECRETARY OF STATE

### CERTIFICATE OF STATUS
### DOMESTIC CORPORATION

*I, BILL JONES, Secretary of State of the State of California, hereby certify:*

*That on the _____ day of _____, 19 ____,*

_____

*became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and*

*That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and*

*That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and*

*That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and*

*That no information is available in this office on the financial condition, business activity or practices of this corporation.*


*IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of*

_____

Bill Jones

*Secretary of State*

Internal Revenue Service
District Director

Department of the Treasury

Date:

Employer Identification Number:

Case Number:

Person to Contact:

Contact Telephone Number:

Our Letter Dated:

Caveat Applies:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization of the type described in section 509(a)(1) and *. Your exempt status under Code section 501(c)(3) is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) and * status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section organization.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

b)(1)(A)(vi)

P.O. Box 2350, Los Angeles, CA 90053

Letter 1050(DO) (Rev. 3-86)

**Appendix V**

## Intellectual Property Rights

**a. Ownership**

(1) Except where DHS has agreed in a signed writing to accept a license, DHS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement.

(2) For the purposes of this agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

(a) For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

(3) In the performance of this agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this agreement. In addition, under this agreement, Contractor may access and utilize certain of DHS' Intellectual Property in existence prior to the effective date of this agreement. Except as otherwise set forth herein, Contractor shall not use any of DHS' Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHS. **Except as otherwise set forth herein, neither the Contractor nor DHS shall give any ownership interest in or rights to its Intellectual Property to the other Party.** If during the term of this agreement, Contractor accesses any third-party Intellectual Property that is licensed to DHS, Contractor agrees to abide by all license and confidentiality restrictions applicable to DHS in the third-party's license agreement.

(4) Contractor agrees to cooperate with DHS in establishing or maintaining DHS' exclusive rights in the Intellectual Property, and in assuring DHS' sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this agreement, Contractor shall require the terms of the agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to DHS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or DHS and which result directly or indirectly from this agreement or any subcontract.

(5) Contractor further agrees to assist and cooperate with DHS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce DHS' Intellectual Property rights and interests.

**b. Retained Rights / License Rights**

(1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this agreement. Contractor hereby grants to DHS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

(2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

**c. Copyright**

(1) Contractor agrees that for purposes of copyright law, all works [as defined in Section a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to DFHS to any work product made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement.

(2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement, shall include DHS' notice of copyright, which shall read in 3mm or larger typeface: "© 2001, State of California, Department of Health Services. This material may not be reproduced or disseminated without prior permission from the Department of Health Services." This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

**d. Patent Rights**

With respect to inventions made by Contractor in the performance of this agreement, which did not result from research and development specifically included in the agreement's scope of work, Contractor hereby grants to DHS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the agreement's scope of work, then Contractor agrees to assign to DHS, without additional compensation, all its right, title and interest in and to such inventions and to assist DHS in securing United States and foreign patents with respect thereto.

**e. Third-Party Intellectual Property**

Except as provided herein, Contractor agrees that its performance of this agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining DHS' prior written approval; and (ii) granting to or obtaining for DHS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this agreement. If such a license upon the these terms is unattainable, and DHS determines that the Intellectual Property should be included in or is required for Contractor's performance of this agreement. Contractor shall obtain a license under terms acceptable to DHS.

**f. Warranties**

(1) Contractor represents and warrants that:

(a) It is free to enter into and fully perform this agreement.

(b) It has secured and will secure all rights and licenses necessary for its performance of this agreement.

(c) Neither Contractor's performance of this agreement, nor the exercise by either Party of the rights granted in this agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

(d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.

(e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.

(f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHS in this agreement.

(g) It has appropritate systems and controls in place to ensure that state funds will not be used in the performance of this agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

(h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's [performance of this agreement.

(2) DHS MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

**G. g. Intellectual Property Indemnity**

(1) Contractor shall indemnify, defend and hold harmless DHS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of DHS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHS and which result directly or indirectly from this agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this agreement. DHS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against DHS.

(2) Should any Intellectual Property licensed by the Contractor to DHS under this agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve DHS' right to use the licensed Intellectual Property in accordance with this agreement at no expense to DHS. DHS shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for DHS to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, DHS shall be entitled to a refund of all monies paid under this agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

(3) Contractor agrees that damages alone would be inadequate to compensate DHS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges DHS would suffer irreparable harm in the event of such breach and agrees DHS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

**h. Federal Funding**

*In any agreement funded in whole or in part by the federal government, DHS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.*

**i. Survival**

The provisions set forth herein shall survive any termination or expiration of this agreement or any project schedule.

# Travel Reimbursement Information
# Effective October 1, 2001

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.

   a. Reimbursement shall be at the rates established for nonrepresented/excluded state employees.

   b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of special assignments.

   c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this exhibit to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

      (1) Lodging (with receipts):

| **Travel Location / Area** | **Reimbursement Rate** |
|---|---|
| Statewide (excluding the counties identified below) | $ 84.00 plus tax |
| Counties of Los Angeles and San Diego | $110.00 plus tax |
| **Counties of Alameda, San Francisco, San Mateo, and Santa Clara.** | **$140.00 plus tax** |

      Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required.

      (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

| **Meal / Expense** | **Reimbursement Rate** |
|---|---|
| Breakfast | $ 6.00 |
| Lunch | $ 10.00 |
| Dinner | $ 18.00 |
| Incidental | $ 6.00 |

   d. Out-of-state travel may only be reimbursed if such travel has been stipulated in the contract and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors must have prior Departmental approval and a budgeted trip authority.

   e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this bulletin.

   f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be **34 cents** maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles may claim a rate of **37 cents** per mile. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.

5. The contractor is required to furnish details surrounding each period of travel. Travel detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.

6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

**Travel Reimbursement Guide**

| Length of travel period | This condition exists… | Allowable Meal(s) |
|---|---|---|
| Less than 24 hours | Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later. | Breakfast |
| Less than 24 hours | • Travel period ends at least one hour after the regularly scheduled workday ends, or<br>• Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m. | Dinner |
| 24 hours | Travel period is a full 24-hour period determined by the time that the travel period begins and ends. | Breakfast, lunch, and dinner |
| Last fractional part of more than 24 hours | Travel period is more than 24 hours and traveler returns at or after 8:00 a.m. | Breakfast |
| | Travel period is more than 24 hours and traveler returns at or after 2:00 p.m. | Lunch |
| | Travel period is more than 24 hours and traveler returns at or after 7:00 p.m. | Dinner |

## SUBCONTRACT/CONSULTANT CRITERIA

The following general information clarifies OFP policy relative to subcontract/consultant agreements and outlines the types of information needed to assist OFP in review of subcontracts/consultant agreements.

## SUBCONTRACT CRITERIA

A subcontract is an agreement between the Grantee and a subcontractor who agrees to perform any administrative or service function for the Grantee specifically related to securing or fulfilling the Grantee's obligations to the State under the terms of the grant award.

A subcontractor is any person or entity which has entered into a subcontract with the Grantee specifically related to securing or fulfilling the Grantee's obligation to the State under the terms of the grant award.

The Grantee must receive prior approval in writing by the State before the Grantee enters into the subcontract, for any subcontract that exceeds $5,000. The Grantee is to provide:

The subcontract agreement to OFP prior to finalization of the agreement(s) and prior to signing by both parties. The subcontract work plan and budget are to be attached.

The Grantee is responsible for all requirements under the grant even if the requirements are carried out by a subcontractor.

The Grantee must notify OFP immediately of termination of any subcontract that exceeds $5,000.

## CONSULTANT AGREEMENT CRITERIA

A consultant is an individual whose level or area of expertise relating to the target population extends beyond that possessed by project staff. The typical services provided by a consultant are advice on programmatic issues, e.g., group facilitation, in-service training, program design and development, etc. The use of consultants must be clearly defined in the work plan and must not by in lieu of the employees or volunteers.

Consultant fees should not exceed $350 per eight (8) hour day (43.75 per hour). The negotiated fee is to be complete compensation.

At no time should a consultant's fee exceed the fee of a comparable State civil service classification, inclusive of all costs, but exceeding travel/per diem. The rate should be commensurate with the consultant's level of training, expertise and national recognition. Every effort should be made to negotiate the lowest possible cost.

If consultant fees exceed $350 per eight (8) hour day, prior approval in writing by OFP will be required before the grantee will be reimbursed for any consultant services. The request for authorization must include:

All the particulars necessary to justify the necessity or desirability and the reasonableness of the cost.

An explanation of the bid process. For example, provide three competitive fee quotations or adequately justify the absence of bidding and provide a statement why the consultant was selected.

## SUBCONTRACT/CONSULTANT AGREEMENT LANGUAGE

The subcontract/consultant agreement language must include, but is not limited to the following:

The execution date of the subcontract, legal name of both parties, and the prime grant award number.

The time period (starting date and ending date) for performance or activities. The subcontract time period must be WITHIN the prime grantee's term.

The total amount paid to the subcontractor. Amount must correspond to the dollar amount provided in the prime grantee's work plan. All reimbursements for services must be necessary and reasonable.

The subcontractor's work plan. Include a complete description of the measurable work or service to be performed/provided or product(s) to be delivered. Time period(s) for work completion and deliverables should be compatible with prime grantee's time periods.

The method of reimbursement (monthly or quarterly, prospective or in arrears, lump sum at completion of work, etc.).

A provision stating: "The subcontractor/consultant agrees to comply with all terms and conditions and exhibits of the (name of prime grantee) grant award with the State of California, Office of Family Planning, Grant Award #_____.

Subcontracts/consultant services are to be used only for activities directly related to the project. The use of a subcontractor or consultant must be clearly defined in the Work Plan and Budget Justification. Grantee shall notify its contract manager of any proposed use of subcontractors/consultant agreements to ensure that appropriate state requirements are met regarding such agreements. Grantee shall maintain a copy of any subcontract entered into for the performance of the project and shall make it available for State examination.

SAMPLE
Budget Detail Worksheet
Youth Services Agency
Budget Year 1 (**November 1, 2003 - June 30, 2004)**

| **Personnel** | **Salary Rate/Range** | **FTE %** | **Annual Cost** | | |
|---|---|---|---|---|---|
| Project Director | $2,400 - 3,000 | 0.5 | $18,000 | * | |
| Youth Counselor | $1,800 - 2,400 | 1.25 | $36,000 | | |
| Project Assistant | $1,700 - 2,000 | 1.0 | $24,000 | * | |
| Fringe Benefits (__20__% of Personnel Costs) | | | $15,600 | | |
| | | | **Total Personnel and Benefits** | | **$93,600** |
| **Operating Expenses** | | | | | |
| General Expenses | | | $1,200 | * | |
| Space Rental (150 sq. ft. x $1.00 sq. ft. x 12 months) | | | $1,800 | | |
| Printing | | | $3,000 | * | |
| Equipment Rental | | | $5,000 | | |
| Audit Costs | | | $3,000 | | |
| | | | **Total Operating Expenses** | | **$14,000** |
| **Equipment Purchases** | | | $ 0 | | |
| | | | **Total Equipment Purchases** | | **$ 0** |
| **Travel and Per Diem** | | | | | |
| TPP Program Annual Conference | | | $1,500 | | |
| Regional Meeting | | | $2,040 | | |
| Travel to Sites to Conduct Evaluation Activities | | | $2,200 | | |
| State Approved Trainings | | | $2,531 | | |
| | | | **Total Travel and Per Diem** | | **$8,271** |
| **Subcontracts/Consultants** | | | | | |
| XYZ Mentoring Agency, Inc. | | | $5,500 | | |
| ABC Consultants @ $350 per day x 1 day | | | $350 | | |
| Subcontract for Evaluation | | | $4,200 | | |
| | | | **Total Subcontracts/Consultants** | | **$10,050** |
| **Other Costs** | | | | | |
| Training Registration | | | $500 | | |
| Educational Materials | | | $2,698 | | |
| Subcontract Administration (Up to 5% of total amount requested) | | | $503 | | |
| Participant Transportation | | | $1,500 | | |
| Incentives | | | $4,820 | | |
| | | | **Total Other Costs** | | **$10,021** |
| **Indirect Costs (Up to 15% of Total Personnel and Fringe Benefits)** | | | $14,040 | | |
| | | | **Total Other Costs** | | **$14,040** |
| **Total Amount Requested** | | | | | **$149,982** |

***Some costs are associated directly to evaluation activities.**

## BUDGET JUSTIFICATION SAMPLE

THIS BUDGET JUSTFICATION SAMPLE IS PROVIDED TO GIVE THE AGENCY AN INDICATION
OF THE DETAIL AND FORMAT REQUIRED TO JUSTIFY PROPOSED BUDGT FIGURES.

1. **Personnel - $78,000**

Project Director – (1 Staff) $18,000

$3,000 per month X 50% X 12 months

This position will coordinate the project for the agency. Responsibilities include overall planning, supervision, development, training, report writing, fiscal and general coordination of project. Approves budget, invoices, ensures timely progress on grant obligations, responsible for local evaluation and other duties as required. Responsible for Scope of Work objectives 1 through 5.

Youth Counselor (2 Staff) $36,000

$2,400 per month X 75% X 12 months = $21,600
$2,400 per month X 50% X 12 months = $14,400

Develops and implements educational program on teenage pregnancy prevention. Responsible for Scope of Work objectives 2 and 3

Project Assistant – (1 Staff) $24,000

$2,000 per month X 100% X 12 months.

Conducts intake of program participants, provides referrals, transports participants to needed services. Responsible for data input for local evaluation. Responsible for Scope of Work objectives 1 through 5.

**FRINGE BENEFITS**: (_20_% of Total Personnel and Benefits) - **$15,600**

Fringe Benefits include the following: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, health insurance benefits. Fringe benefits also represent regular compensation (based on percent of time on this project) paid to employees for vacation, sick leave, jury duty, military training, etc.

**2. OPERATING EXPENSE - $14,000**

General Expenses: $1,200

Office supplies: pens, paper, folders, etc. Estimated $25/ month X 12months = $300

## BUDGET JUSTIFICATION SAMPLE

Communications: Monthly costs related to the telephone and FAX service estimated at approximately $25/month X 12 months = $300

Postage: Includes expenses for postage costs for general correspondence, event promotions and evaluation activities, estimated at approximately $25/montyh X 12 month = $300

Duplication: Includes expensed for internal, routine duplicating costs for correspondence, copying some program promotional materials, materials associated with evaluation activities, etc., estimated at approximately $25/month X 12 months = $300

| | |
|---|---|
| Space Rental (250 square feet X $1.00 per square foot X 12 months) | $1,800 |
| General Printing and printing associated with evaluation activities | $3,000* |
| Equipment Rental | $5,000 |
| Audit Costs (2% of Annual Grant Amount) | $3,000 |

**3. Equipment Purchases - $0**

**4. Travel and Per Diem - $8,271**

*Travel and per diem for program staff to attend Annual TPP Leadership Conference approx. $750 x 2 staff = $1,500; travel for regional meetings at approx. 200-250 miles/month X .34 per mile X 12 months x 2 staff = $2,040; travel related to evaluation activities - approx. $2,200; and, State approved trainings for three staff members three times per year at approx. $281 x trainings x 3 staff = $2,531.*

***5. Subcontracts/Consultants - $10,050***

| | |
|---|---|
| *XYZ Mentoring Agency, Inc. Subcontractor will provide mentoring services to program participants (Scope of Work Objective 3).* | *$5,500* |
| *ABC Consultants will provide assistance at regional meeting.* | *$ 350* |

*Subcontract for Evaluation - Develop pre and post test tools, work with Evaluation Liasion on evaluation activities, and conduct focus groups. $4,200*

***6. Other Costs - $10,021***

| | |
|---|---|
| *Training Registration and Fees - Includes registration costs and fees for meetings and conferences.* | *$ 500* |
| *Educational Materials - State approved curriculum, books, videos and other materials for educational programs relating to teen pregnancy prevention.* | *$2,698* |

## BUDGET JUSTIFICATION SAMPLE

*Subcontractor Administration -* *$ 503*

*Participant Transportation - Bus passes for outreach participants* *$ 1,500*

*Incentives* *$ 4,820*

*Items such as t-shirts, water bottles, hats, CD's, etc.* *$2,820*

*Food and refreshments for 3 parent/youth presentations. (Approx. 30 outreach participants at each presentation)* *$2,000*

***7. Indirect Costs** (Not to exceed 15% of Total Personnel and Fringe Benefits) - **$14,040***

*Indirect costs include costs that accrue in the normal conduct of business that can only be partially attributable to performance of a grant (e.g., administrative expenses such as payroll handling, accounting/personnel expenses, liability insurance coverage, janitorial expenses, security expenses, legal representation, equipment maintenance, etc.) These are costs that a business would accrue even if they were not performing services for the State under a grant.*

***Total Project Costs (Includes Costs for Evaluation Activities)* - $149,982***

**Evaluation Activities - 10% - 15% of total amount requested. List a breakdown of those evaluation costs that have been included as part of the total budget.*

*Example at 10%:*

*Amount Requested: $15,000*

| | |
|---|---|
| *Personnel (Project Director)* | *$ 4,600* |
| *Personnel (Project Assistant)* | *$ 3,000* |
| *Subcontract* | *$ 4,200* |
| *Operating Expenses (Printing and Duplicating)* | *$ 1,000* |
| *Travel* | *$ 2,200* |
| *Total* | *$15,000* |

# Curricula Guidelines

## I. Purpose

The Office of Family Planning (OFP) requires that the implementation of **any curricula shall be reviewed and approved by OFP prior to use by I&E Projects.** This review is to ensure that the information contained in educational materials is appropriate and adequate.

## II. Definitions

### Terms

A **curriculum:** is a written plan with specific content designed to deliver information in an educational format. The curriculum is a method intended to facilitate a learning experience. The purpose of the learning experience is to effect a change in awareness, knowledge, attitude, belief, behavioral intent, and/or behavior of a specific target population in connection with a particular Strategy, as stated in the Information & Education Project Scope of Work.

**Evaluated curricula:** is one that has been peer reviewed, field-tested, and published in at least one professional journal. The outcome objectives desired have been shown to be significant and effective with the target population(s).

**Non-evaluated curricula:** these curricula have been previously reviewed and approved by either the CCG, MIP, or I&E programs. These curricula have been previously developed and implemented for those programs only, but not evaluated as described above.

**Modified curricula:** curricula derived from a compilation of two or more evaluated curriculum for use by an educator, author or agency/institution for the purposes of adapting the content to more effectively address cultural, linguistic or the learning needs of a target population.

I&E funded agencies using evaluated or modified curricula must credit the original sources(s) used by citing the author(s) and publisher of those sources on the document. Agencies should aware of existing state and federal statutes pertaining to copyright infringement.

*I&E funds may not be used for the development or testing of non-evaluated or modified curricula.*

## III. Curriculum Review Requirements and Approval Process

**Review and approval of all proposed curriculum shall be conducted by OFP prior to its implementation.** All I&E funded Lead Agencies are responsible for submitting copies of non-evaluated and modified curriculum that they, their subcontractors, and/or organizational partners intend to use in their Projects.

Once the finalized version is submitted the anticipated time for review and approval is 30 days from date received. OFP reserves the right to extend that time in order to enter into negotiations with the Lead Agencies to revise or amend the proposed curricula submitted.

IV. Overall Standards

*The following are minimal standards for the use of non-evaluated and modified curricula for both the lead agency and or funded subcontractors.*

1) ***The final version of the proposed curriculum needs to have proof of review and provisional approval by the Lead Agency***. Review and approval may come from several sources, such as the Project Collaborative or the School District and/or Principal of the schools if curriculum is to be used at a school site(s).

2) ***The curriculum should relay accurate information.*** Pictures, charts, graphs, videos, and any other pictorial elements showing anatomy and/or physiology of the human body and organ referenced on the page(s) or credits shown on the document or product for the Project participants system(s) should be accurately portrayed in function, dimension, position, and relative size. The primary source(s) should be.

3) ***Content covering topics that include statistical and other epidemiological data (such as symptoms, illness, disease rates, and risks) should be up-to-date.*** Statistics cited should be referenced from the most recent data available from primary sources viewed as highly credible (i.e., governmental sources such as Centers for Disease Control and Prevention, State of California and universities and other scientific bodies, such as the New York Academy of Sciences). Statistics and other data cited should be referenced and documented with either the primary or secondary source.

4) ***Curriculum content should state at least one overall goal and one learning objective***. All objectives should be clear and measurable. The desired change(s) in knowledge, attitudes, or behavior should be written at the beginning of the curriculum or at the start of each topic or section listed in the curriculum's table of contents.

5) ***Curriculum content should be appropriate to the target population.*** Written, pictorial, and electronic information should be appropriate to the learning needs of the target population in the following five (5) dimensions:
*age,*
*culture/ethnicity,*
*literacy level/language,*
*developmental needs (physical, cognitive/mental, emotional and social), and*
*risk level(s).*

6) ***The format should effectively address the learning needs of the target population***. The way that the curriculum is delivered should increase the likelihood that the educational content and materials will create the intended change in knowledge, attitudes, behavior. Format variation should be consistent with the learning needs of the target groups identified to receive the curriculum and listed in Item #5 above.

Examples of variation are: changing *duration* of sessions to match age-related needs (e.g. 12 year olds will attend an 4-week curriculum and 15 year olds will attend an 8-week curriculum); changing the *intensity* of sessions (e.g. 10-12 year olds will receive a 1 hour session and 13-15 year olds will receive a 11/2 hour session). Other examples: changing the materials to be used: 10-12 year olds may receive a more generalized presentation including a pictorial representation of the male and female anatomy and physiology while 12-14 year olds may receive a more realistic presentation including any of the following: more detailed graphic, view three-dimensional models and a film/video.

***7) Curriculum should address the consequences of teenage pregnancy.***

***8) Curriculum should address the prevention of teenage pregnancy***.

**9*) Curriculum content shall not contain or include any word(s), phrases, sentences, and pictorial representation or cite any statements of a religious or sectarian nature, nor indirectly relate to any values or symbols of a religious or sectarian nature***

V. Additional recommendations

Although not required by I&E Projects, OFP acknowledges that the following criteria tend to enhance the "staying power" or retention of the educational messages, increasing the overall effectiveness of a curriculum *(Douglas Kirby, **No Easy Answers**, March 1997, page 7; Claire Brindis, et.al. **Communities Responding to the Challenge of Adolescent Pregnancy Prevention**, Volumes II and III, 1998):*

*Curricula containing learning techniques or content that have been previously tested, established in the scientific literature, or otherwise determined to be successful in impacting sexual behavior, including the delay of sexual involvement for youth, young teens or contraceptive use for older teens.*

*Curricula containing a comprehensive focus; i.e. containing a combination of any of the following topics: self-esteem; decision-making; communication skills; interpersonal relations and/or assertiveness skill development.*

*Curricula including referrals to community resources for appropriate health and social services.*

*Curricula including skill-building component in terms of how to access community/health resources.*

## VI. Essential elements of a OFP curriculum

The following elements should be identified and included in a curriculum:

1) Title

2) Author(s), publisher and date of publication, as appropriate.

3) Intended target audience.

4) Overall rationale for the development of the curriculum (e.g. to address a specific unmet learning need by a target population for a specific reasons).

5) Overall educational goal(s) of the curriculum.

6) Learning objectives are stated and measurable.

7) Overall delivery time for each (age of) target population (e.g. optimal duration or sequencing of sessions for maximum results/outcomes).

8) Number and length of each session for each (age of) target population.

9) Number of participants (minimum and maximum that curriculum and format should allow).

10) Materials to be used (audiovisual, print and electronic).

11) Other formats available (e.g. specific age-groups, languages).

12) Instructor/facilitator guide, if applicable.

13) Qualifications/experience or recommended training of instructor in order to deliver curricula.

14) Successful experiences of agency or others that have used this or a similar curriculum with a comparable target population.

15) Expressed written permission from and credit to the author(s)/publisher(s) or primary source curriculum(s) to use specific components of those curricula.

## Letter of Commitment Guidelines

Letters of Commitment should document the applicant's ability to provide services to the target population(s) at agencies specified in the application. Letters should indicate the interest, cooperation, and specific support others in the community are prepared to offer in the implementation of the proposed project. The application must include Letters representing agencies and organizations serving youth in the selected target population, young males, family planning providers, ALFP providers, and other key agencies who will be collaborating in the planning and implementation of the teen pregnancy prevention program.

Letters should clearly describe how the organization will support the applicants' project including facilitating access to the target population under a specific strategy (Please list the specific Scope of Work strategy). Letters of Commitment from proposed subcontractors must specify responsibilities and how the agency or organization will deliver services or participate in the project. These letters must indicate the nature and extent of participation and proposed arrangement of services. Letters sent directly to the Office of Family Planning will not be considered for review.

# SAMPLE

# Memorandum of Understanding

Between Lead Agency
and
XXXXXXXXXXXX Agency

For the

From FY _____ to FY _____

The intent of this Memorandum of Understanding (MOU) is to (*State purpose)*:

The MOU between _____ and _____ intends to work together toward the mutual goal of offering the Office of Family Planning, Information & Education Program, funded project aimed at preventing and/or reducing teen pregnancy in _____ by working with *(Target population)*. To this end, each agency agrees to participate in the program, if implemented, by coordinating the following services:

**Lead Agency will:**
(List the specific activities that ABC Agency will provide)

For example:

1. Will pay XYZ Agency $ _____ (time frame _____ upon satisfactory submission of detailed invoice/expenditures)
2. Work with XYZ Agency staff to develop recruitment plans and incentives to ensure maximum participation in the classes
3. Monitor quarterly progress
4. Pay quarterly invoice upon receipt of: match documentation, completion of pre/post tests survey (if applicable); timely submission of progress reports, and meeting projected target population as outlined in the Scope of Work (SOW).

**XYZ Agency will:**
(List specific activities XYZ Agency will provide)

For example:
1. Provide the use of their meeting room weekly
2. Recruit adolescents (#) to participate in these classes/sessions/workshops (See SOW)
3. Attend training/TPP Program Sponsored/workshops. Etc.
4. Provide ABC Agency with any information required in the evaluation of this project
5. Attend quarterly advisory committee meetings
6. Administer the Statewide Survey to participants
7. Will provide quarterly reports to ABC agency (include time frame/ specific dates)
8. Will cooperate with Statewide Evaluation and TPP local evaluator(s)
9. List SOW key strategies and expected results

Lead Agency reserves the right to suspend payment due to non-compliance, or terminate this agreement if subcontractor fails to meet one or more deliverables.

_____ _____
Signature of Executive Director of Lead Agency Signature of Executive Director of XYZ Agency

_____ _____
Date Date

# GENERAL COMMUNITY PLANNING GUIDELINES

This document is provided as a resource only and **not** intended as a requirement.

## I. Elements of a Plan

The purpose of community health planning is to develop a course of action that will guide the implementation of programs that effectively address a problem. The ultimate goal of this effort is to improve the health of the community and its residents.

Because many groups and individuals direct their time and energy toward this effort, the plan must clearly define:

- Problems to be addressed.
- Target population.
- Anticipated impact and outcomes resulting from interventions.
- ***Activities that will occur.***
- A time table for major accomplishments.

## J. Principles of Planning

**Plan the process:** Determine who should be involved, the data needed, resistance you might encounter, the factors that will enhance the success of the planning process, and a time frame for the process.

**Plan with people:** Involve both professionals, consumers, representatives, and the target population in the planning process. Opening the planning process up to a broad range of people expands your expertise, understanding of the problem, generates more ideas, and creates a sense of ownership and commitment to the plan as well as its implementation.

**Plan with data:** Utilize data on the problem, target groups, and current availability of services to drive resource allocation, distribution of services, and program design.

**Plan for permanence:** Planning is a time intensive task. To make the most of the effort, planners should think in terms of developing activities that will be institutionalized into the community. A community planning group should be formally established as a planning body with development of a mission statement, staggered terms, and a rotating chair.

**Plan for priorities:** Address those problems and programs that have the highest need and the greatest opportunity to make an impact.

**Plan for impact and outcomes:** Determine the knowledge, attitudes, beliefs, behaviors, skills, and services you want to impact with the initiative as well as the concomitant health or economic outcomes that are to be addressed.

**Plan for evaluation:** During the planning phase, determine that data needed to measure impact and outcomes, the methods to collect data, when to collect data, who will collect the data, and how the data will be used to modify the program.

Community Organization and Collaboration

Collaboration is the result of the joint effort by different groups working toward a common goal. Many agencies effectively collaborate with a variety of health and service providers on diverse activities such as development of referral systems, sharing space, sharing educational materials, sharing information and technical assistance, jointly developing materials or implementing activities, and by participating in community policy making and planning.

For the purposes of developing a collaborative prevention program, existing relationships may need to be strengthened while other relationships with voluntary agencies, target groups, and service delivery channels may need to be established. From the conception of the plan through its implementation and evaluation, a wide variety of abilities and expertise are needed. By expanding planning and implementation activities to the widest group possible, the agency's scope of expertise and sphere of influence is greatly expanded. Influence and rapport with the various target groups, community leaders, media, the community at large, and funding sources are important factors to the successful implementation of any community health initiative.

Advantages to Collaboration

- Collaboration increases the likelihood that members of the target audience will come into contact with someone working on issues being addressed. Development of these social networks is crucial to the program's success as they are more likely to result in adoption of new beliefs and behaviors than vertical dissemination of messages.

- Messages promoted through multiple sources are more effective at changing community norms. When communication channels are dominated with the belief that certain target behavior is unacceptable, then the public perceives the position being advocated is held by the majority of the community. Opposition is less likely to be voiced because individuals fear social isolation.

# Program Planning with the Logic Model

The Office of Family Planning is recommending the use of the Logic Model to plan and design local Information & Education Programs. The use of this model will assist programs to develop a logical sequencing or linking of the project's goal(s) with objectives, strategies chosen, and activities to support strategies and the indicators chosen for local evaluation. The Logic Model is a planning and design method used to assist applicants in this project development process.

The logic model should incorporate and support the elements in the design of the Project Work plan:

- Community assessment (including needs and assets).
- The mission of the lead agency and its project partners.
- The collaborative mission of the project, as appropriate.

The **purpose** of the logic model is to:

Help people design and implement effective programs that actually change particular behaviors. Logic models are concise, causal descriptions of the mechanisms through which specific program activities can affect behavior.[1]

Program planning with the logical model **will help to:**

- **Organize and clarify thinking about how interventions will change behavior.**
- **Encourage one to think precisely, causally and realistically.**
- **Incorporate findings from theory and research.**
- **Provide clear guidance for what program activities to implement.**
- **Provide guidance for developing Scope of Work and program evaluations.**
- **Provide a clear rationale for program activities.**
- **Link key program activities to key determinants of important behaviors, the behaviors themselves, and outcome goals.[2]**

The **four (4) steps** to create a logic model are:

1. Identify the specific behavior(s) and/or goals to be changed.

2. Identify the specific risk and protective factors for each identified behavior. There are currently identified 43 risk and protective factors (antecedents) for adolescent sexual behavior, use of contraception, pregnancy and childbearing.[3]

3. Select specific determinants to be addressed by the intervention.

4. Identify the particular intervention activities that have sufficient strength to improve each selected determinant.[4]

[1] Doug Kirby, Logic Models: A useful tool for designing, strengthening and evaluating programs to reduce adolescent pregnancy, September, 2000
[2] Ibid.
[3] D.Kirby, Important Antecedents of Adolescent Sexual Behavior, Use of Contraception, Pregnancy and childbearing, September 2000
[4] Opcit.

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## CONTRACT UNIFORMITY

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, the Department of Health Services sets forth the following policies, procedures, and guidelines regarding fringe benefits.

1. As used in this agreement with reference to State and/or federal funds, fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

2. As used herein, fringe benefits do not include:

    a. Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty, and/or military leave/training.

    b. Director's and executive committee member's fees

    c. Incentive awards and/or bonus incentive pay

    d. Allowance for off-site pay

    e. Location allowances

    f. Hardship pay

    g. Cost-of-living differentials

3. Specific allowable fringe benefits include:

    a. Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental, and vision), unemployment insurance, workers compensation insurance and the employers portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.

4. To be an allowable fringe benefit, the cost must meet the following criteria:

    a. Be necessary and reasonable for the performance of the contract.

    b. Be determined in accordance with generally accepted accounting principles.

    c. Be consistent with policies that apply uniformly to all activities of the Contractor.

5. It is agreed by both parties that any and all <u>fringe benefits</u> shall be at <u>actual cost.</u>

6. Earned/accrued Compensation.

    a. Compensation for vacation, sick leave, and holidays is limited to that amount earned/accrued within the contract term. Unused vacation, sick leave, and holidays earned from periods prior to the contract period cannot be claimed as allowable costs (See example on page 2).

    b. For multiple year contracts, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the contract. Holidays cannot be carried over from one contract year to the next. (See example on page 2).

    c. For single year contracts, vacation, sick leave, and holiday compensation which is earned/accrued but not paid, due to employee(s) not taking time off within the contract term, <u>cannot</u> be claimed as an allowable cost (See example on page 2).

## Contract Uniformity

Earned/Accrued Compensation Examples

Example No. 1:

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a contract period of one year. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of the State contract term, the Contractor during a one-year contract term may only claim up to three weeks of vacation and twelve days of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the contract are not an allowable cost.

Example No. 2:

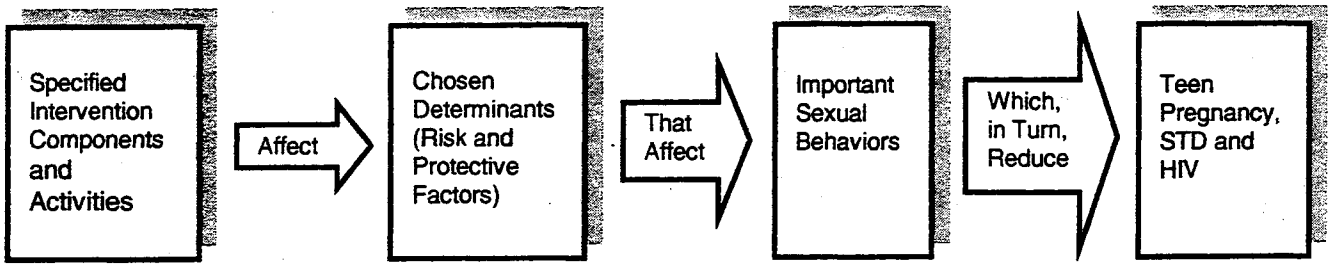
If during a three-year (multiple year) contract John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

Example No. 3:

If during a single year contract, John Doe, works fifty weeks and uses one week of vacation and one week of sick leave and all fifty-two of these weeks have been billed to the State, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

# BDI LOGIC MODELS:

## A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs




by

Douglas Kirby, Ph.D
ETR Associates

Version: February 13, 2002



*Note: This is a work in progress. Periodically I update and add to this manuscript. However, because of multiple requests, I am making it available to people as I do this. If you request permission, I will give you permission to photocopy this paper, but I may want to send you the latest version.

# Introduction

When a community is faced with a particular health problem, such as a high teenage pregnancy rate or a high STD rate, that community can implement promising strategies to address that health problem. Probably the single most promising strategy involves implementing one or more interventions that have already been developed, evaluated with rigorous research, and demonstrated to have a desired behavioral impact on a population similar to the community=s target population. For example, a community might implement with fidelity specific sex or HIV education curricula that have been demonstrated to be effective with similar populations. Another, somewhat similar and promising strategy involves implementing an intervention with the *common qualities* of programs that have been demonstrated to be effective with similar populations. For example, communities might implement curricula that have the common qualities of effective sex and HIV education curricula. However, sometimes neither of these strategies is feasible for a variety of reasons X effective programs may not exist for similar populations, required resources may not be available, community values may be inconsistent with those of the effective programs, or the community may have other needs or goals that bear upon the problem.

When it is not possible to implement either of these strategies, then a third promising strategy involves designing *new* interventions using the *process* that many people have previously used to design new and effective programs. That process includes the development of a particular type of logic model, called BDI logic models. These logic models can be an effective tool in the design and evaluation of these intervention. They are the topic of this paper.

## What are logic models and specifically BDI logic models?

Logic models are clear, concise, causal descriptions of the mechanisms through which specific interventions can affect behavior and thereby achieve a health goal. They should be based upon the best available evidence. One might think of them as road maps specifying the causal pathways between programs and behaviors. Logic models can also portray the Atheories of change≅ that people sometimes develop for interventions. Logic models are also called causal models or path models[1]. Logic models can provide a framework for program planning and implementation and for program measurement and evaluation. Thus, they can help people design and implement more effective programs and then more precisely measure program implementation and impact.

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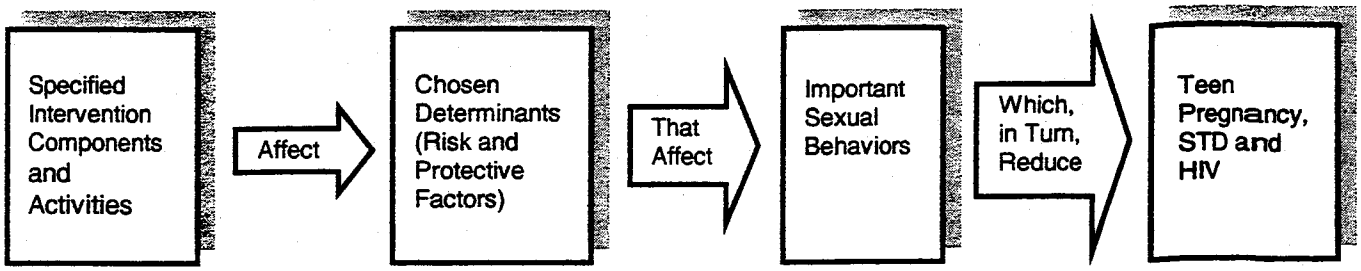
[1] For readers familiar with logframe models, logic models are similar to, but different from, logframe models. Logframe models typically do not identify the determinants of behavior (as do BDI logic models), but do identify the steps for implementing a program. When developing a logframe model, it would be useful to develop a BDI logic model first.

While there are many types of logic models, some logic models include a specification of 1) the health goal to be achieved, 2) the *behaviors* that need to be changed to achieve a health goal, 3) the *determinants* of each of those behaviors, and 4) the *intervention* components or activities designed to change each selected determinant. Henceforth, this paper will refer to these particular logic models as behavior-determinant-intervention logic models, or ABDI models≅ for short. BDI models must also include the causal linkages among the health goal, the behaviors affecting that goal, their determinants, and their respective intervention components. That is, they specify which particular intervention components affect which determinants that in turn affect which behaviors that achieve the health goal.

These components of a BDI logic model can be depicted graphically as follows:




Although this depiction has grouped intervention components, determinants, behaviors and health outcomes into each of their respective boxes, in fact, an actual BDI logic model must specify separately the interventions designs to affect each of the determinants, the determinants that affect each of the behaviors, etc. This is done in the figures at the end of this paper.

While many logic models include these four components, they sometimes use different words to describe them. Some may use the language of Ainterventions,≅ Adeterminants,≅ Abehaviors,≅ and Ahealth goals,≅ while others may refer to Aactivities,≅ Ashort-term objectives≅ and Along-term outcomes≅, or Aprocesses,≅ Aoutcomes,≅ and Aimpacts.≅

There are also other variations among these BDI models. Some include only these four minimum components, while others may specify far more complex causal models, with some determinants of behavior affecting other determinants, and a few BDI models may even acknowledge reciprocal causality (e.g., determinants may affect behaviors *and* vice versa). Some BDI models may target youth, while others target adults or people of any age. In fact, BDI logic models can even be used effectively to change the behavior of other species. In general, they are useful whenever one needs to change animal behavior in order to achieve some desired outcome. Furthermore, some models describe individuals, while others describe groups or communities or entire countries. Some may describe the impact of large multi-component programmatic initiatives upon major goals, while others describe the impact of specific activities upon particular behaviors. BDI models are sufficiently flexible and robust to handle all these situations. However, by definition, BDI models must include some version of the same basic concepts, and specify the causal linkages among program activities, the intermediate determinants, the behaviors that lead to a health goal, and, of course, the health goal.

## How can BDI logic models be useful to you?

When addressing a general health problem (e.g., teen pregnancy or STD), some health practitioners consider those problems and then begin focusing directly on program activities, believing that their knowledge of Abest practices≅ from previous experience will produce the desired outcomes (Green & Kreuter, 1999). Although knowledge of best practices should always inform the development of interventions and logic models, simply identifying best practices to achieve a health goal is often not the most effective process for designing interventions to achieve a health goal. Instead, it is more effective to create a BDI model X to specify the health goal and to then focus attention first on the behaviors to be changed, then the determinants of those behaviors, and finally the interventions needed to change those determinants. This increases the chances that the intervention components will have the desired behavioral impact and will achieve the health goal (Green & Kreuter, 1999). Knowledge of Abest practices≅ should help shape or describe the intervention activities designed to change the determinants, but they should be considered only after the behaviors and determinants have first been identified and selected, and then those best practices which address the selected determinants should be selected.

BDI models can serve a variety of useful functions. In general, they provide a framework for the development of more effective programs and for the evaluation of those programs. More specifically, if developed properly and used properly, BDI models can:

- Link key intervention components and activities to key determinants of important behaviors, the behaviors themselves, and health goals.
- Make explicit the implicit theories behind programs and thereby provide a clear rationale for program activities, a rationale that will facilitate funding and provide guidance to program staff or to different organizations involved in the initiative.
- Encourage program designers *and* program implementors to recognize the complexity of reality, but also to focus on the most important program elements, determinants and behaviors.
- Guide both the design of a program and the refinement of an existing program.[2]
- Help determine what additional information needs to be gathered or what research needs to be conducted in order to design or improve a program.
- Encourage evidence-based programming.
- Provide guidance to evaluators on which process and outcome indicators to measure.
- Reduce unreasonable pressure to demonstrate impact upon a health goal, if effects upon important determinants or health behaviors are demonstrated.

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[2] Logic models can be a particularly useful tool when using participatory learning and action research strategies for bringing different groups in a community together to design new interventions that address the needs of youth. They can summarize in an organized manner some of the thoughts expressed by different groups.

- Help health educators and researchers realize that they, in fact, do not know which determinants are the most important determinants of behavior, and thereby stimulate appropriate research to identify the most important determinants.
- Provide the foundation for the cumulative building of theory and understanding of what works and why it works.
- And ultimately, help programs serve people more effectively and efficiently and thereby improve the use of limited resources and more effectively achieve health goals.

This paper now describes a process for actually creating BDI models and provides examples of them.

## Important Elements and Steps in Creating BDI Logic Models

Creating BDI models means creating causal models. It is a tradition in social science research models to have the direction of causality proceed from left to right, and that tradition is often maintained in logic models, including BDI models. Thus, because intervention activities affect behavioral determinants that in turn affect behaviors that affect one or more health goals, intervention activities are written on the left and health goals on the right. Thus, when the BDI logic model is completed, one can read it from left to right as we normally do. However, given that health goals must be specified first and intervention activities last, when creating BDI models, we must start on the right and work left, a process that may feel counterintuitive.[3]

Creating a logic model involves completing four basic steps:

1. Identify and select the health goal(s) to be achieved,

---

[3] Aside from convention, there is no reason why the direction of causality cannot be the opposite direction (from right to left), in which case we would start on the left with the behaviors and work to the right. This paper, however, follows convention.

Logic models can be classified as either Abackwards≅ logic models or Aforward≅ logic models according to the direction in which they are created. (Thus, these labels do not have any pejorative connotations.) Backwards logic models are called Abackwards≅ because they involve starting at the right with the health goal and then the behaviors and working Abackwards≅ to the left. Forward logic models are called Aforward≅ models because they involve starting with the program, thinking about the all program=s consequences and working progressively to the right.

Whether one works backwards or forward may have a dramatic impact upon the model. Nevertheless, both backwards and forwards logic models can be useful. If a group=s goal is to achieve a particular health goal, then it should start with that health goal and work backwards to the left. If a group=s goal is to justify an existing program by demonstrating how it will affect multiple behaviors and goals, then it should start with the programs and work forwards to the right. Sometimes when groups are trying to explain how a particular program will achieve a particular health goal, they may work both left and right while developing a model.

2. Identify and select the behaviors to be targeted that affect the selected health goal,

3. Identify and select the determinants to be targeted of the selected behaviors, and

4. Identify and select the interventions to be implemented that will affect the selected determinants.

Notice that within each of these four basic steps there are typically two generic sub-steps or tasks, namely, 1) *identifying* the broader range of possible health goals, behaviors, determinants and intervention activities, as the case may be, and 2) *selecting* the specific health goals, behaviors, determinants, and intervention activities that will form part of the logic model. All of this is described more fully below.

## *Step #1: Identify and select the health goal(s) to be achieved.*

Often, people developing health promotion interventions have one or more clear health goals in mind (e.g., reducing teen pregnancy, reducing teen STD, or reducing teen substance abuse). When this is the case, they may merely need to write this goal down.

However, if the important health goal(s) are not clear, or if there is a lack of consensus about which goals should be targeted, then the people designing the interventions and creating the BDI model may need to identify a broader range of health goals and then select one or more goals that will be the focus of the logic model and ultimately the interventions.

To help identify a broader range of health goals and select a specific one, people may need to collect data on what health problems most diminish quality of life, what problems are currently being addressed, and what resources are available, and then reach consensus on the important health goal(s) to be targeted.

Answering the following questions may help identify the goal(s) and population(s) to be targeted:

- What are the key health and development issues facing different target populations?
- How severe or critical is each of them? How negative are the consequences?
- How prevalent is each of them?
- What is the mandate of your organization?
- Given reasonable resources at your disposal, which health goals can you affect?

When specifying the health goal, the target population should also be specified, e.g., Areducing the teen pregnancy rate among teenagers in a specific community.≅ This is important, because what is specified in the steps below may vary with the population being targeted. The target population may be identified by its health behaviors or by other characteristics such as, age, sex, ethnicity, income level, or area of residence.

## *Step #2: Identify and select the specific behavior(s) that directly affect the particular health goal.*

After selecting a health goal, it is important to identify all the important behaviors that directly affect that health goal, and to then select some (or all) of these behaviors to ultimately address. When identifying and selecting behaviors, it may be helpful to answer the following questions:

X What are the behaviors that directly cause or affect a health goal?
X Which have the greatest causal impact upon the health goal?
X Which are the most frequent or prevalent?
X What other factors should affect the decision about which behaviors to target?

If the overall goal of a project is to decrease teen pregnancy, then Areducing the frequency of sex≅ (through delaying sex and reducing the frequency of sex among those who have sex) and increasing use of contraception are the important behaviors leading to that goal (see Figure 1). If the overall goal of a project is to decrease teen sexually transmitted disease, then reducing the frequency of sex (again through delaying sex and reducing the frequency of sex among sexually experienced teens), reducing the number of sexual partners (both by delaying sex and reducing the number of partners among sexually experienced teens), increasing the correct and consistent use of condoms, and increasing tests and treatment for STD, are important behaviors leading to that goal. Finally, in another realm, if an overall goal is to reduce the prevalence of smoking, then there are three behaviors that can lead to this goal: reducing the number of people who begin to smoke, reducing the frequency of smoking among those who do smoke, and increasing the number who stop smoking.

It is important that the behaviors selected *directly* affect the health goal. For example, as shown in Figure 1, the initiation of sex, the frequency of sex, and the use of contraception all directly affect pregnancy. Although alcohol and drug use are indirectly related to pregnancy, they do not directly cause pregnancy. Rather, they may affect initiation of sex, frequency of sex and/or use of contraception, which in turn affect pregnancy. Thus, drug and alcohol use should not be included among the behaviors that cause pregnancy, but instead should be included among the determinants of initiation of sex, frequency of sex, and use of contraception. (Determinants are discussed further below.)

It is very important to identify rather precisely the specific behavior(s) that must be changed to achieve an agreed upon goal. ADelaying the onset of intercourse≅ and Aincreasing use of condoms≅ are sufficiently precise, while Adecreasing unprotected sex≅ may be insufficiently precise, because there are multiple ways to reduce unprotected sex X by delaying sex, reducing the frequency of sex, and increasing condom or contraceptive use X and each may involve different determinants and different interventions. Similarly, Areducing the initiation of smoking≅ or Aincreasing smoking cessation≅ are sufficiently precise, whereas Areducing smoking≅ may not be sufficiently precise because there are multiple ways to do this, and preventing people from beginning to smoke may require different interventions than helping people to stop smoking.

As these examples suggest, sometimes the precise and important behaviors that affect an overall goal can be logically identified or are already known from research. If they are known, then, of course, they should be used in the creation of BDI models.

However, the *relative* impact of specific behaviors upon a selected goal may not always be known. For example, if the goal is to reduce adolescent STD/HIV, the relative impact of delaying sex, reducing the frequency of sex, reducing the number of sexual partners, reducing the number of casual partners, increasing the use of condoms, or increasing testing and treatment for existing STDs might not be known for a particular target population. Thus, additional research is sometimes needed to more fully inform even the selection of important behaviors. Because of the time and resources required to complete such research, and also because of the common urgency to begin developing effective programs before definitive research is completed, people developing programs sometimes have to make an educated guess as to which behaviors are the most important and should be addressed by programs. While program designers create interventions based upon assumptions about the most important behaviors, researchers should conduct the necessary research to confirm which behaviors, indeed, are the most important in achieving a particular health goal.

When deciding which behaviors should be ultimately be targeted by programs, sometimes additional criteria must affect the choice. When this is true, it should be reflected in this step of the development of the logic model. For example, the values of a community may dictate that programs focus only upon delaying sex rather than upon both delaying sex and increasing contraceptive use. If this is the case, then only delaying sex would be kept in the model and would be the focus of the steps that follow below.

## *Step #3: Identify and select specific determinants (risk and protective factors) for each selected behavior.*

Given the specific behaviors to be changed, then the important determinants of each of those behaviors need to be identified. After most important determinants have been identified, specific ones meeting certain criteria should be selected.

ADeterminants≡ are the factors that affect whether or not people engage in specified behaviors. That is, the determinants of behavior have a causal impact upon behavior. They should include both risk factors and protective factors. Sometimes people focus upon only risk factors and ignore important protective factors. They may thereby inadvertently paint an excessively negative picture of the population being targeted and may ignore protective factors that could be strengthened to help people avoid risk behavior. Conversely, given the current popular emphasis upon protective factors, sometimes people may focus only on protective factors and ignore important risk factors. Doing this can also reduce program effectiveness. When designing programs, it is often productive both to build upon and enhance strengths and to address weaknesses.

Initially, at least, it is important to identify determinants in different domains, e.g., characteristics of the individuals targeted as well as characteristics of their environments, including their peers, families, schools, and communities more generally.

Thus, when identifying potentially important determinants, it may be helpful to answer the following questions:

- What are the risk and protective in different domains that most strongly affect each behavior?
- What is the evidence for each of these factors?

Furthermore, given that important determinants often lie in different domains, experience suggests that it is important to involve people from these different domains when identifying potentially important determinants. Often people in different domains will have different perspectives on which possible determinants may, in fact, be important.

Figure 2 presents a comprehensive model of probable determinants[4] affecting behaviors specified to reduce teen pregnancy in Figure 1. This means that it includes lists of risk and protective factors that affect their associated sexual behaviors. Figure 2 is divided into multiple pages simply for ease of presentation. However, it is actually a single model. It is also just an example. It is a model of probable determinants in one just one country X the United States. Other countries and specific communities within the United States undoubtedly have additional or different determinants. However, all of these determinants have been identified by one or more research studies (Kirby, 2001). Some of these determinants undoubtedly have a much greater impact upon the sexual behaviors than do other determinants.

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[4] All of the "probable determinants" identified in Figure 2 have been demonstrated to be correlated with their respective sexual behaviors and they logically precede those behaviors. Thus, they probably, but not necessarily, affect those behaviors.

As depicted in Figure 2, teen pregnancy can be reduced by delaying the onset of sex, reducing the frequency of sex, or increasing the use of contraception. In turn, each of these three behaviors are affected by a large number of environmental and individual factors, including factors describing the individuals= community, family, peers and partner, as well as factors describing the individuals themselves, and the individuals relationships to these entities. These determinants also include both risk factors and protective factors. For example, initiation of sex is affected by community education, employment and poverty; family structure, education, income, religiosity, and sexual values; peer attitudes about sex and sexual behavior; the individual=s closeness to his/her family; attachment and success in school; religiosity; romantic relationship; use of drugs and alcohol; other deviant behaviors; previous sexual abuse; and sexual beliefs, skills to avoid sex, and intention to have sex; among others.

It should be noted that although Figure 2 may resemble a BDI logic model, that causal model is not yet a logic model, for it does not yet specify the particular determinants that will be targeted by the intervention nor does it specify the particular interventions that will be implemented.

Creating a comprehensive causal model, like the one in Figure 2 with its lengthy lists of risk and protective factors in different domains, sometimes forces the program designers to recognize the complexity of the situation and the wide range of possible determinants to focus upon. Acknowledging this complexity and range of possibilities can sometimes contribute to community consensus, because people with different views can see their beliefs reflected in the comprehensive model. It may also encourage program designers to think more broadly and to consider approaches different from those they initially expected to employ.

Realistically, it is never possible to adequately address all the determinants in a complex causal model with interventions sufficiently powerful to modify each determinant substantially. For example, it is not possible to address all the determinants in Figure 2. Thus, program designers must select particular determinants to focus upon.

***Two criteria should determine which determinants should be selected: 1) the magnitude of the causal impact of the determinant upon the specified behaviors, and 2) the potential magnitude of the causal impact that a feasible intervention can have upon the selected determinant.*** That is, if a feasible intervention can have a large impact upon a particular determinant, and if that determinant, in turn, has a large impact upon a specified behavior, then that determinant should be selected and in Step #4 below it should be targeted by the proposed intervention. On the other hand, if any feasible intervention cannot substantially change a possible determinant, *or* if the determinant does not have a significant impact upon behavior, then targeting that determinant is not likely to be an effective use of resources. That is, *both* criteria above must be met; otherwise there is no point in selecting and ultimately targeting that particular determinant.

Determinants can be selected from any of the domains specified in Figure 2. That is, they can be individual, peer, partner, family, school, or community determinants. Of course, the domains from which determinants are selected have important implications for the interventions to address them. For example, if determinants are selected from the individual domain, then interventions can work directly with teens; if determinants are selected from the family domain, then the

interventions need to work with parents and families; if community determinants are selected, then the intervention needs to work with the communities.

When selecting specific determinants, answering the following questions will be helpful:

- Which determinants are most strongly related to each behavior?
- What is the strength of the evidence for this?
- Which determinants can be most markedly changed by feasible interventions?
- What is the strength of the evidence for this?

When answering the questions above, groups sometimes focus upon the third question first, because they are more accustomed to thinking about the risk and protective factors that their existing programs address than they are thinking about how to address new risk and protective factors that have a strong impact upon behavior. Consequently, it may be useful to think first about which determinants have the greatest impact and then to think about innovative ways to address them. However, in the final analysis, both criteria should be given approximately equal weight.

In Figures 3 and 4 are examples of determinants selected from Figure 2 and used in the BDI models discussed more fully below.

To the maximum extent feasible, the identification of the important determinants should be based upon both theory and research. *Emerging Answers* (Kirby, 2001) includes a very extensive review of research on the determinants for different sexual and contraceptive behaviors. It identifies hundreds of risk and protective factors and suggests which may be the most important in general. Other summaries of research in other fields have identified important risk and protective factors for other health behaviors.

Of the probable determinants identified in *Emerging Answers*, the most important ones are included in Figure 2. Of those identified in Figure 2, many of the sexual beliefs, attitudes, skills and behaviors are among the determinants that are most strongly related to their respective sexual behaviors.

Ideally, of course, the identified risk and protective factors would be based upon research conducted on the actual target population to be served by the intervention. Often it is possible to find research on similar populations, but rarely is it possible to find research on the actual group being targeted.

Relatively inexpensive and quick methods of identifying some determinants of behavior among a particular target population include conducting focus groups with the target population and interviews with key informants and asking both groups why members of the target population do or do not engage in particular behaviors. Although inexpensive and quick, such methods often do not elicit many of the protective factors or many of the most important determinants that shape behavior, but are not recognized by the individuals involved. For example, teenagers, like adults, are not likely to think of the many ways their families or media have shaped their values during their life times.

A more rigorous method of identifying the important determinants involves identifying appropriate behavioral theory and research summaries of determinants, developing measures of the possible determinants, conducting surveys, statistically analyzing the relationships between possible determinants and actual behavior, and then observing which determinants are most important.

This need to know which determinants most strongly affect selected behaviors can then provide the basis for the research agenda for subsequent research to be conducted other researchers.

## *Step #4: Identify and select the particular intervention components or activities that have sufficient strength to improve each selected determinant.*

Once the important determinants are selected, then specific programmatic components or activities with sufficient efficacy to actually change these determinants must be identified and developed. Because few determinants are easy to change, typically multiple components or activities need to target each determinant. However, more important than the number of components or activities is the efficacy of each component or activity. That is, one very effective activity may be more important than several relative ineffective activities. In addition, programs or activities that are not targeted specifically to particular determinants are less likely to have as much impact upon those determinants.

Important questions to answer are:

- Which interventions (policies, programs, or program activities) can have the greatest impact upon each of the selected determinants?
- Are these interventions (policies, programs, or program activities) sufficiently powerful that they will actually markedly change each selected determinant?
- What is the evidence for this?
- Are the proposed policies, programs and activities feasible given the financial resources, staff and program capabilities, and other resources, and also given any challenges to implementing the program?

Commonly it is useful to create a matrix in which each column represents a single selected determinant and each row represents a policy, program component, or activity. An AX≡ can be placed in each cell in which a program component affects the determinant. It is then easy to scan down each column and see which activities affect each determinant and to assess whether or not those program components are sufficient to markedly change the determinant.

The amount of detail that is needed when describing program components or activities may depend upon the purpose of the logic model. If the purpose is to provide an overview and to demonstrate how different program components will address various determinants and behaviors, then the logic model might summarize each component succinctly and illustrate the behaviors that

they address. However, if the purpose is to actually design an effective program, then the activities must be described in much greater detail.

## What do BDI logic models actually look like?

Given the comprehensive causal diagram in Figure 2, many different logic models are plausible, and different ones might be most effective in different communities or cultures. Following are examples illustrating different approaches that program designers might take.

***Example of a school curriculum-based logic model focusing upon individual psychosocial determinants.*** In Figure 3 is an example of logic model for a comprehensive school-based pregnancy prevention intervention that focuses upon individual psychosocial determinants in order to delay sex, decrease sexual activity and increase contraceptive use. It includes all of the behaviors in Figure 2, and some, but not all, of the individual determinants in Figure 2. And, of course, it specifies the particular curriculum activities or programmatic elements that will affect the selected determinants.

Each group of curriculum activities in the boxes in left hand column is designed to affect the individual psychosocial determinant that is immediately to its right in the middle column. All the individual psychosocial determinants on a given page are designed to affect the behaviors specified in the third column. And, of course, all the changes in behavior are believed to reduce teen pregnancy in the right hand column.

As an example, consider the text at the top of Figure 3. It specifies, for example, that the teacher will lead group discussions in which students discuss the advantages and disadvantages of engaging in sex, but will emphasize the advantages of abstaining. In addition, the class will discuss methods of showing you care without engaging in sexual behavior. These activities may decrease permissive attitudes about premarital sex, and increase favorable attitudes toward abstinence. This change in attitudes, in combination with all the other changes in individual determinants may lead to a delay in sex or a reduction in the frequency of sex, which finally will lead to a reduction in pregnancy.

Similarly, this logic model specifies that accurate information about the risks of sexual activity, in combination with a number of interactive activities designed to get the students to personalize the information, will increase students= perceived risk of becoming pregnant if sexually active. On the second page of this figure, this logic model specifies that providing materials to help parents clarify and express their personal values about sexuality coupled with homework assignments in which students ask their parents about family values will increase their beliefs that family values support abstinence. Other activities on the third and fourth pages are designed to change the determinants of contraceptive use and thereby increase contraceptive use among sexually active youth.

Clearly, this logic model is not designed as an overview, but is designed to specify more detail about the kinds of activities that will be included in the curriculum and which activities are believed to affect which determinants.

This particular logic model has not been used in any single intervention. However, it includes elements from the curricula and theoretical models of several curricula that effectively delayed sex or increased condom use (Jemmott, Jemmott & Fong, 1998; St. Lawrence, Jefferson, Alleyne & Brasfield, 1995; Coyle, Basen-Engquist, Kirby, et al., forthcoming; Kirby, Barth, Leland & Fetro, 1991).

***Example of a logic model focusing upon environmental determinants.*** Figure 4 provides a second example of a logic model that is also based upon the causal model in Figure 2. Whereas Figure 3 illustrates an example that focuses upon individual attributes, particularly determinants involving sexuality, and could be used in designing a sex education curriculum-based intervention, Figure 4 illustrates an example that focuses primarily upon non-sexual community and individual environmental determinants.

It includes 1) training and other efforts to improve teaching skills, tutoring, and ultimately student success, 2) sports programs for girls, 3) mentoring programs, 4) programs for parents to help them clarify their values about sexuality, express those values to their children, become closer to their teens, monitor their teens appropriately, and aid them in preventing their teens from going steady with much older partners, and 5) service learning programs (voluntary service combined with small group meetings to prepare for and debrief the voluntary activities). Most of these programs have the potential for addressing determinants both of sexual involvement and contraceptive use and thereby preventing teen pregnancy.

Although some of the programs identified in this logic model have evidence that they reduced either sexual risk-taking or actual pregnancy, this model is only an example. It is not meant as the best or ideal BDI model for any particular community. Furthermore, it is rather resource intensive.

This logic model includes a slight deviation from the steps described above. Note that at the bottom of the first page of Figure 4 there is an arrow going directly from the box identifying community service programs with group sessions for reflection to the box identifying delay in initiation of sex and reduction of frequency of sex; it does not go to any box in the determinants' column. This reflects the fact that research demonstrates that service learning can delay sex, but has not yet determined which determinants of sex are affected by service learning. Similarly, on the second page of Figure 4, the arrow goes all the way to reduction of teen pregnancy, because other research indicates that service learning can reduce teen pregnancy, but has not specified which behaviors or determinants it changes.

***Example of a logic model focusing upon clinics.*** Figure 5 provides an example of a logic model that is *not* based upon the risk and protective factors identified in Figure 2, but is based upon professionals' beliefs and experience, and some research regarding "adolescent friendly" health clinics. Many professionals believe that the behavior of clinic staff affects whether or not youth

use clinics for reproductive health care, whether they return for subsequent clinic visits, and how consistently and properly they use contraception. Accordingly, this model incorporates two columns for behavior, one column for the teens' contraceptive behavior and a second column for the staffs' behavior that is believed to affect the teen's contraceptive behavior. In addition, this model recognizes that policies (as well as hiring, training and materials) affect staff behavior.

Despite these differences, this model still incorporates the basic concepts of BDI logic models, was created in the same manner as the other models, and should be interpreted the same way.

This model, like all the other models presented in the paper, is not presented as the best possible model of "adolescent friendly" clinics, for it does need to be developed further. However, there is research indicating that when clinic staff engage in some of the behaviors identified in this model, then teens are more likely to use contraception correctly (Boekeloo et al, 1999; Danielson et al, 1990; Orr et al., 1996; Winter & Breckenmaker, 1991)

### How do I know if I have a good logic model?

After completing a logic model, people may ask, Is this a good one? How can it be improved? Figure 6 presents numerous criteria for judging a logic model. The criteria presented there naturally follow from many of the questions and criteria provided above to help you develop your models.

## Planning For and Using Logic Models

### Who should be involved in the development of BDI logic models?

It is not sufficient for an outside person to come in, spend a few hours creating a logic model for an agency, and then leave. Rather, BDI logic models become the most meaningful and most effective if diverse workgroups (as opposed to single individuals) are actively involved in developing, updating, and possibly using them. These workgroups should include program planners, people knowledgeable about the target group, people knowledgeable about relevant research, youth from the target group, staff, and other stakeholders in the community. If possible, these workgroups should also include people with a variety of perspectives on the issue. Of course, including members of the targeted group is wise. If the targeted group includes youth or other people who may have difficulty articulating their views in the presence of other community members or professionals, then it may be more productive to meet with them and gain their input in separate meetings.

Involving workgroups in the development of a logic model can:

- bring people with different views together,
- create a more common understanding and acceptance of the intervention=s approach,
- increase commitment to evaluation and understanding of the results,
- increase cooperation among people in different agencies or sectors, and
- more generally increase stakeholder involvement and support.

## What do we do with a logic model after we create it?

Logic models are likely to bring people together, improve the design of programs and facilitate evaluation, only if they are created, updated and used in an on-going process by the group. That is, workgroups should not create logic models and then file them away only to be forgotten. Rather, workgroups should continually review them and update them as new experience, research studies and other evidence can inform the model, and agencies should use them in their ongoing development or refinement of programs, training of staff, and evaluation efforts. If logic models are to markedly affect people=s thinking, their program design and their evaluation measurement efforts, then these people must put a considerable amount of time and thought into the creation and maintenance of the models.

More specifically, on an on-going basis the following tasks should be completed:

- Other interested groups should review the logic model and make suggestions.
- People should review relevant existing research on the determinants of the selected behaviors and on the impact of programs designed to change these determinants or behaviors, and then update the model.
- Additional research questions on important determinants should be identified and answered with focus groups, other qualitative research or survey research. University research groups or other researchers should be encouraged to try to address the research needs.
- Formative research on the program should be completed. For example, simple focus groups can be conducted to assess whether the participants believe the interventions are having an impact upon the specified determinants. Similarly, simple pre-post questionnaire surveys can determine whether the interventions are having a short-term impact upon the determinants. If not, the model and/or the intervention should be revised.

Obviously, logic models will not have much effect, even if they are refined, if they do not form the actual basis for programming and evaluation. In regards to programming, this means that the intervention components specified in the logic model are the interventions that must be designed and actually implemented. For example, the activities specified in the logic model become the basis for a curriculum. Understanding the logic model must also become part of staff training. Continuing with the same example, when staff are trained to implement a new curriculum, they should understand why particular activities are important (i.e., which determinants they are trying to affect with a particular activity). This can help them make their points more clear and get their message across.

# Guide for the Specification of Evaluation Indicators

While a primary reason for developing logic models is to develop effective programs that change behavior, the creation of logic models can also be a very useful step, perhaps even an essential step, in conducting program evaluations. Regardless of whether or not evaluations are process or outcome, or qualitative or quantitative, at some point, they need to assess whether critical program components or activities were implemented or whether they had an impact upon mediating outcomes, important behaviors and overall health goals. Consequently, identifying the critical program components or activities, the mediating outcomes (which are the determinants of the specified behaviors)[5], the important behaviors and the health goals is a necessary first step. Without this specification, evaluators may assess the wrong program activities or measure the impact of the program upon the wrong outcomes. This, of course, can be very unfair to the programs. If an evaluation measures the impact of a program upon the wrong outcomes, it may incorrectly conclude that the program failed to have an impact, when in fact it did. If the elements in a BDI model are specified properly, they can become the guide for the important program characteristics and outcomes to be measured.

## What should be measured?

Evaluators conducting a process evaluation of the intervention summarized in Figure 3 would need to assess the implementation of all the curriculum activities identified in the left-hand column. Such a process evaluation might include assessment of which activities were actually implemented by educators, what was the fidelity of that implementation, how many youth and how many parents received each activity, and what was their reaction to each activity.

When conducting an outcome evaluation, evaluators would need to measure the impact of the intervention upon the mediating variables (which are the same as the determinants of behavior), the behaviors themselves, and the health goal. In the example in Figure 3, this would include measuring the impact upon mediating variables such as attitudes about abstinence and premarital sex, perceived risks and costs of pregnancy and STD, perceptions of peer sexual activity, etc. It would also include the impact upon initiation of sex, frequency of sex, use of contraception and pregnancy. Currently there exist standardized measures of all these outcomes. These, then, could be incorporated into the construction of questionnaires for youth.

## How can measurement of these indicators help us understand how or why our programs did or did not work?

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5 When designing programs, it is more common to talk about the Adeterminants≡ of behaviors, whereas when evaluating the impact of programs, it is more common to talk about Amediating≡ outcomes, that is, the outcomes that Amediate≡ between the intervention activities and the behaviors. Despite their different words, they refer to the same things.

In several different ways, measuring the impact of interventions upon mediating outcomes, behaviors *and* health goals can greatly increase our understanding of why programs either do or do not work.

- ***First, interventions may markedly affect the mediating outcomes, but not the behaviors.*** This is important to know, because it tells us that other determinants/mediating outcomes must be changed before the behaviors will change significantly. Identifying those other determinants then becomes an important task.

- ***Second, interventions may change behaviors, but not markedly change the specified determinants.*** (Believe it or not, this sometimes happens.) This is important to know, because it means that the intervention is affecting other unspecified and unmeasured determinants that are in turn affecting the behavior. By subsequently identifying those determinants, it may be possible to fine tune the intervention and make it either more effective or more efficient.

- ***Third, interventions may have an impact upon behaviors, but not upon the health goal.*** This is important to know, because it tells us that either other behaviors must be changed in order to achieve the health goal, or alternatively that the improvement in behaviors may have led to some improvement in the health goal, but for measurement and statistical reasons, it was simply not possible to detect that improvement[6].

In general, an assessment of the impact of interventions upon mediating outcomes (determinants), behaviors and the health goals can increase our understanding of how or why the intervention either did or did not work and that assessment can typically guide subsequent program improvement.

The data collected on determinants, behaviors and health goals can also increase our understanding of the relationships among the determinants, behaviors, and health goals. That is, statistical analyses of these data can provide more information about the relative impact of different determinants on each behavior, and sometimes they can provide more information about which behaviors most directly affect the health goal.

## Unsuccessful and Successful Applications of BDI Models

While the development of BDI models may seem logical, appealing and desirable to some people, a critical question remains: Can they actually improve the design and development of programs and increase their chances of changing behavior? A review of research on programs to reduce

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6 Commonly it is possible to measure the impact of programs upon the initiation of sex, frequency of sex, number of sexual partners, and use of condoms or contraception, but for both methodological and statistical reasons, it is often difficult to measure the impact of interventions upon pregnancy or STD rates.

adolescent STD/HIV and pregnancy in the United States indicates that they can be effective, but only if they are properly designed and applied.

In the United States in the 1980s, a commonly recognized problem was the very high rate of unintended teenage pregnancy. After researchers documented that young people believed many myths about sexuality and contraception, many schools implemented sex education programs to increase knowledge about sexual behavior and contraception (and to reduce the prevalence of the myths) and to thereby reduce unprotected sex and pregnancy. Curriculum developers believed that if programs increased adolescent knowledge about the risks of sexual intercourse and the effectiveness of abstinence and contraception, then youth would be less likely to engage in unprotected sex. Evaluations of these knowledge-based programs revealed that they did increase adolescent knowledge, but they did not significantly change behavior.

Why were they not successful at changing behavior? Subsequent studies revealed that, while teens did not have accurate knowledge about some aspects of sexual behavior and contraception, these beliefs were only weakly related to actual sexual and contraceptive behavior. That is, knowledge was not an important determinant of adolescent sexual and contraceptive behavior. Thus, those sex education programs focused upon the wrong determinants; they focused upon a determinant that they were able to change markedly (knowledge), but that determinant did not markedly affect behavior.

A subsequent generation of programs focused upon generic values clarification and generic decision-making and communication skills. Although there were few evaluations of these programs, the available evidence suggests that these programs did help clarify values, and did help teach (to a slight extent) general decision-making and communication skills, but these programs apparently failed to reduce adolescent sexual risk-taking behavior (Kirby, 1985). Again, clarity of general values and very general decision-making and communication skills were not important determinants of sexual risk-taking. In addition, the programs had only a very modest impact upon these determinants.

Thus, these first two generations of ineffective programs either were not based upon logic models, or were based upon causal models with little research support and with the wrong determinants specified.

A more recent generation of programs focused more clearly upon specific behaviors, reviewed research and theory to specify the important determinants of these behaviors to be changed, and designed program activities to change these determinants--in other words, they employed research-based BDI logic models. In some cases, they rather consciously created BDI models similar in form to the models discussed in this paper, while in other cases, they employed the principles of BDI models without realizing that they were actually creating such models. Most important, these programs have consistently been effective X they have changed both the specified determinants of sexual, condom or contraceptive behavior, and the actual behaviors themselves (Kirby, 2001).

For example, *Safer Choices* a theoretically based, multicomponent, HIV, STD and pregnancy prevention program for high school youth identified the behaviors leading to pregnancy, STD and HIV and addressed the determinants affecting those behaviors. Research results revealed that over a 31-month period, it effectively improved knowledge about HIV and other STDs, self efficacy to use condoms, normative beliefs and attitudes about condom use, perceived barriers to condom use, perceptions of risks of HIV and other STDs, and parent-child communication about sexual behavior, and consequently it in turn increased condom use, increased contraceptive use, decreased the frequency of unprotected sex, and decreased the number of sexual partners with whom condoms were not used (Coyle et al., 2001).

Research in other areas have also indicated that BDI models have helped develop effective programs. For example, reviews of effective drug prevention programs have also found that they incorporate at least some of the elements of research-based BDI models (c.f., Dusenbury and Falco, 1995).

# Advanced Topics: Solutions to Common Problems

This section discusses a few advanced topics for those people who already understand the basics of logic models and who struggle with how to handle particular issues. Those readers who have Ahad enough≅ for one reading should feel free to skip to the next section.

## *Addressing Disparate Health Goals or Behaviors*

Typically when creating a logic model, a single health goal is specified. If a community has multiple health goals, then separate logic models can be developed for each health goal. However, occasionally, different health goals may involve some of the same behaviors, and when this is true, it can be helpful to link the logic models (i.e., have the models refer to one another) or to actually integrate the multiple health goals in the same logic model.

For example, some organizations are concerned with reducing both teen pregnancy and teen sexually transmitted disease, and some, but not all, of the same sexual behaviors (e.g., abstinence, frequency of sex, and condom use) affect both pregnancy and STD. Thus, it may be helpful to develop either linked or integrated models for both of these health goals.

Occasionally, youth serving agencies may be concerned with quite disparate goals and behaviors among teens and may want to address some core set of risk and protective factors related to these disparate behaviors and goals. This can be done by creating separate models, specifying the different health goals and behaviors to be changed, as well as the determinants of those behaviors, and then selecting those determinants that are common to several of them (e.g., attachment to adults, belief in the future, and personal competencies). Of course, if an agency specifies first the program, then the determinants, and finally the behaviors or health goals, then they are creating

logic models, but not BDI logical models because they have completed the steps of creating a logic model in the reverse order.

## *Modeling Causality among the Behaviors or Determinants*

It is sometimes the case that some behaviors will causally affect other behaviors. For example, Figure 5 portrays the behavior of staff affecting the behavior of teens. This was resolved by providing two columns of behavior and showing the causal relationship between them

Even more commonly, some determinants affect other determinants. For example, many environmental determinants may affect individual determinants. (Some social-psychologists will even argue that nearly all environmental determinants have their impact upon individual behavior by operating through individual determinants.) In Figure 2, some of the characteristics of families that are related to teen sexual behavior undoubtedly have an impact upon teen beliefs and attitudes and thereby influence teen behavior.

The question arises: How should this be modeled? There are at least two different ways. First, a second column of determinants can be added, with the left-hand column including determinants that are more distal from the behavior (e.g., family characteristics) and the right-hand column including determinants that are more proximal (e.g., individual characteristics). This was done in Figure 2. Alternatively, all the determinants can be specified in the same column, but they can be grouped by domain and arrows, representing causality, can be drawn from one determinant (or group of determinants) to another.

Portraying these causal relationships among behaviors or determinants simply makes them more realistic, for after all, reality is complex. Adding these refinements improves the models and need not detract from the basic principles of BDI logic models.

## *Lack of Research about the Determinants/Mediating Outcomes between Effective Programs and Behavior*

Sometimes research demonstrates that a particular intervention has an impact upon either specified behaviors or upon a health goal, but the determinants or the behaviors that are affected by the intervention are simply not known. For example, as noted above, one study demonstrates that service learning programs can delay sex and multiple studies provide clear evidence that service learning can reduce teen pregnancy, but the mediating outcomes and all the behaviors that are affected by service learning have not been identified by research. Although there is informed speculation, at this time, there is little research to substantiate that speculation.

The question then arises: How should this be modeled? The program can be simply identified in the intervention column without specifying either the determinants or the behaviors. For example, this was done with service learning in Figure 4.

If service learning were to be the only or the primary intervention implemented, then there would be no need to create a BDI model. Rather, as mentioned in the introduction, the program

designers would be employing the first strategy (implementing a program known to be effective), rather than the third strategy (creating a BDI logic model). On the other hand, if service learning is only part of a larger intervention, then it can simply be incorporated as illustrated in Figure 4.

### *Specifying Individual-Level Determinants in Mixed Models with Environmental Determinants*

Some interventions focus upon the individual. For example, sex and HIV education programs typically focus upon individual teens in either schools or community organizations. When designing such programs, individual-level determinants should be specified (e.g., individual perceptions of peer norms about sex or individual attitudes about abstinence and contraception).

Other interventions may focus upon the environment. For example, as noted above, to increase contraceptive use, some interventions have been designed to train administrators and staff of family planning clinics to make those clinics more Aadolescent friendly.≅ In this example, the desired behavior of the clinic staff can be modeled as a second column of behavior affecting the teen contraceptive behavior (see Figure 5). Alternatively, if there are many clinic characteristics other than clinic staff behaviors that are believed to affect teen behavior, then those clinic characteristics can be specified among the determinants of contraceptive use and the components of the training would be specified among the intervention components. The question then arises: Should individual-level determinants of the teens (not of the staff) also be specified? The answer to this question is not simple and depends in part upon the knowledge about the relationship between adolescent-friendly clinic characteristics and individual teen contraceptive behavior. If research has well established that clinics with the identified characteristics do, in fact, increase teen contraceptive use, then it may not be necessary to identify the individual-level teen determinants. On the other hand, if this relationship has not been well established, then specifying the individual-level teen determinants may be important. For example, the model might specify that improved clinics might cause teens to perceive the clinic as more accessible which in turns increases their use of contraception, or a separate clinic facility might increase teen perception of confidentiality which in turn increases their use of contraception. In sum, whether or not it is necessary to add the individual-level determinants in models with environmental determinants is determined by whether or not the individual-level determinants can be safely assumed.

## Building a Cumulative Body of Theory and Understanding of What Works and Why It Works

Increasing understanding of what works and why it works will enable people to develop more effective programs. That is, as research provides more information about what kinds of programs change particular determinants and which determinants are most highly related to behavior, then people can develop more effective programs. Clearly, logic models are an essential and integral tool in this process.

## What is an example of this?

An example of how logic models and program evaluations together can advance both theory and understanding of what works and why is the *Draw the Line* project (Coyle et al., forthcoming). That project focused upon the delay in the initiation of sexual intercourse among middle school youth as a method of reducing pregnancy and STD among these youth. Using a logic model and the best available research findings at the time of its development, it identified important determinants of initiation of sex for this age group (e.g., knowledge about sexuality, attitudes about having and not having sex, personal values about having sex, perception of peer norms about sex, self-efficacy to refuse sex, and clear sexual limits) and then developed curriculum-based activities to change those determinants. In a large study, 19 schools were randomly assigned to receive the *Draw the Line* or to receive the existing sex/HIV education classes. Survey data were collected from a cohort of students in these 19 schools before the intervention and multiple times after the intervention. This evaluation design and the survey data were then used to measure 1) the impact of the intervention upon the determinants, 2) the relationship between the determinants and the initiation of sex, and 3) the impact of the program upon the initiation of sex.

The results were informative. They revealed that among boys, the *Draw the Line* (*DTL*) intervention did improve some of the previously selected determinants, but not others; and did delay the onset of sex. Moreover, analyses of the relationships between the measured determinants and the initiation of sex revealed that some, but not all of the previously selected determinants were related to the initiation of sex. Among girls, the results were quite different. The *DTL* intervention did not have a marked impact upon most determinants and did not delay the onset of sexual intercourse. Furthermore, the survey findings revealed that having an older boyfriend greatly increased the chances of the girls initiating sex. This was not recognized when the program was being developed and the *DTL* program did not try to prevent girls from having an older boyfriend, nor did it address the additional pressures to have sex when a girl has an older boyfriend. In other words, for girls, the *DTL* intervention did not focus upon one of the most important determinants and consequently did not change behavior. Knowing the importance of an older boyfriend, future programs can now focus upon preventing girls from having much older boyfriends (or can focus on preventing the effects of having an older boyfriend) and therefore may be more effective at delaying sex.

In sum, by developing a logic model, by designing activities to change specific determinants of the initiation of sex, by developing measures of the determinants, by actually measuring the impact of the intervention upon the determinants and the initiation of sex, and finally by measuring the relationship between the determinants and the initiation of sex, this study advanced the understanding of 1) the determinants of initiation of sex among middle school boys and girls, 2) the types of activities that can change these determinants among boys and girls, and 3) the types of activities that can cause males, but not females, to delay sex. Given this new understanding, future programs can be more effective in delaying the initiation of sex among younger youth.

# Conclusions

For the purposes of designing programs that actually achieve desired health goals, it is important to complete the BDI model in the proper direction (health goal first, behaviors second, determinants third and intervention components fourth). It is also critical to base each part of the model upon the strongest evidence available (e.g., well established theory, previous research with similar populations, or optimally, rigorous research on the actual population to be targeted). If program designers simply start with their favorite program in mind and then search for determinants and behavior to justify that program, then the underlying logic of the BDI logic model is defeated, and interventions based upon the model are less likely to effectively change behavior. Similarly, if the model is not based upon the strong evidence, the resulting interventions are less likely to be effective.

BDI models have been found to be a useful tool in the development of effective programs. In at least two areas of adolescent behavior, sexual risk-taking behavior and substance use, programs that were not based upon BDI models or did not employ the basic principles within them were much less likely to be effective. In contrast, those programs which were based upon BDI models or their principles which much more likely to change actual behavior.

If developed properly, BDI models can help organize and clarify thinking about how interventions will change behavior; can encourage one to think precisely, causally, and hopefully realistically; can provide on-going direction to people actually implementing programs; can incorporate findings from theory and research; can provide clear guidance for what program activities to implement; can provide guidance for measurement in the evaluations of programs; and can help us build a more cumulative body of knowledge about what works and how it works.

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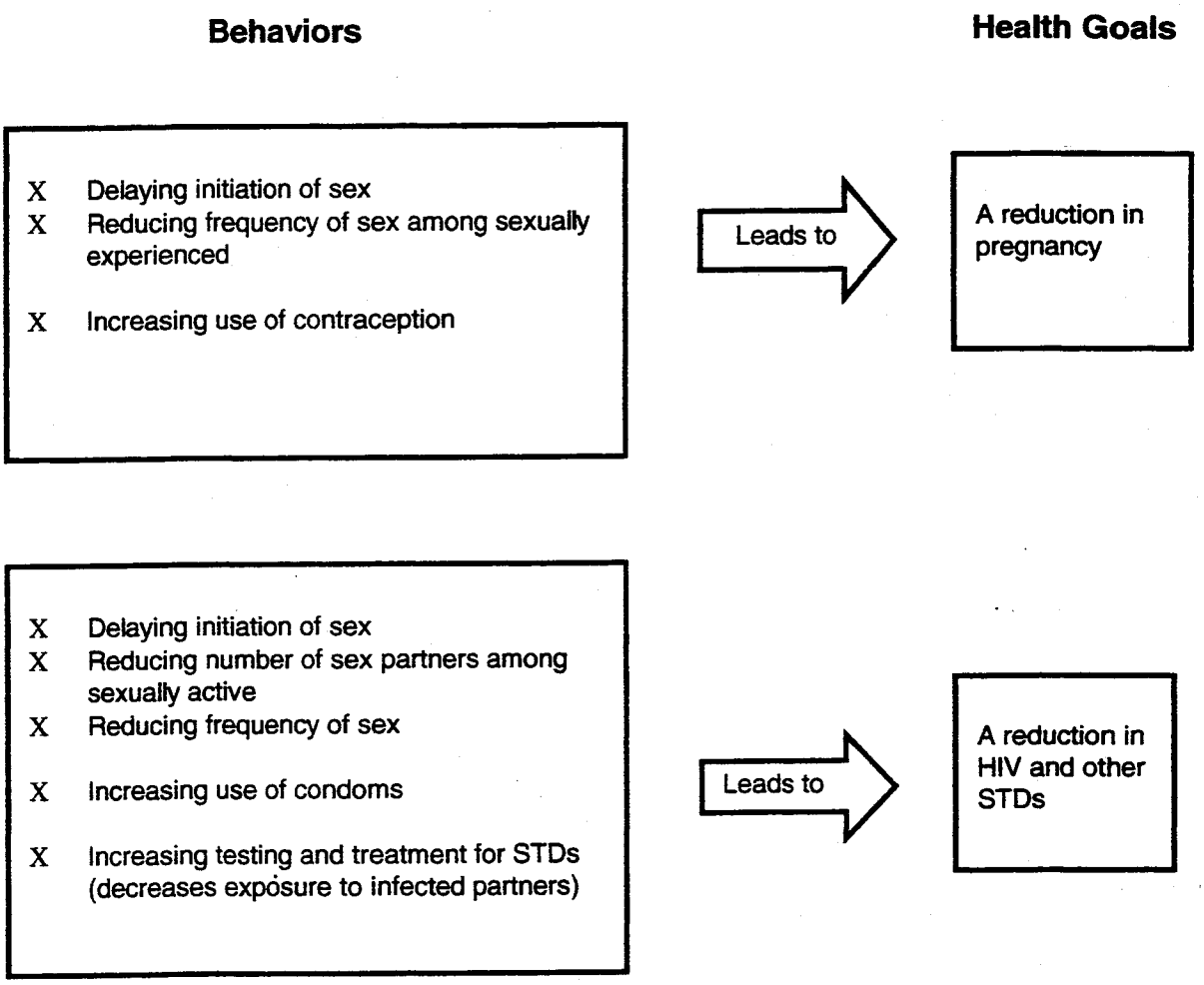
**Figure 1:**
**Examples of Health Goals and Behaviors That Affect Those Goals**



# Figure 2:
# Examples of Determinants that Affect Sexual Behaviors That in Turn Affect Teen Pregnancy[7]

**Goals** | **Determinants in Different Domains** | **Behaviors**

## Environmental Determinants

**Community:**
+ Higher level of education
- Higher divorce rate
- Higher rate of residential turnover
- Higher unemployment rate
+ Higher family income
+ Higher rates of participation in religious practices
- High crime rate
+ High neighborhood monitoring by adults in community

**Family:**
+ Higher parental education
+ Two (vs. one) parents
- Changes in marital status
+ Higher income level
+ Greater family religiosity
- Family depression and suicide attempts
- Single mothers= dating behaviors and cohabitation
- An older sibling who had sex
- An older sister who gave birth as an adolescent
+ Conservative parental attitudes about teen or premarital sex
+ Conservative parental attitudes about contraception

**Peer:**
- Peers and close friends who are older
- Peers with poor grades and high non-normative behavior
+ Friends with good grades and little non-normative behavior
+ Close friends closeness to parents
- Peers with deviant life trajectories
+ Peers with positive attitudes about preventive health
- Peers with permissive attitudes toward premarital sex
- Peers who are sexually active

## Individual Psychosocial Determinants

**Relationship with Family:**
+ Greater closeness and connectedness to parents
+ More appropriate parental supervision and monitoring
+/- Greater parent/child communication about sex and birth control

**Attachment to and Success in School:**
+ Enrolled in school and attend school regularly
+ Better educational performance
+ Greater participation in and connectedness to school
+ Greater importance of academic achievement
+ Plans to attend college

**Attachment to Faith Communities:**
+ Greater religiosity
+ More frequent attendance at faith communities

**Relationships with Peers:**
+ Not being part of a peer group
- Being popular and engaging in many social activities with peers
- Engaging in physical fights

**Relationships with Romantic Partners:**
- Going steady with a boy/girlfriend and having a close relationship with partner
- Greater number of romantic partners

**Healthful Behaviors:**
+ Greater participation in sports
+ Greater involvement in other healthful behaviors

(Continued on next page)

⇨ Delay the onset of sex

(Continued on next page)

⇨ Reduce Teen Pregnancy

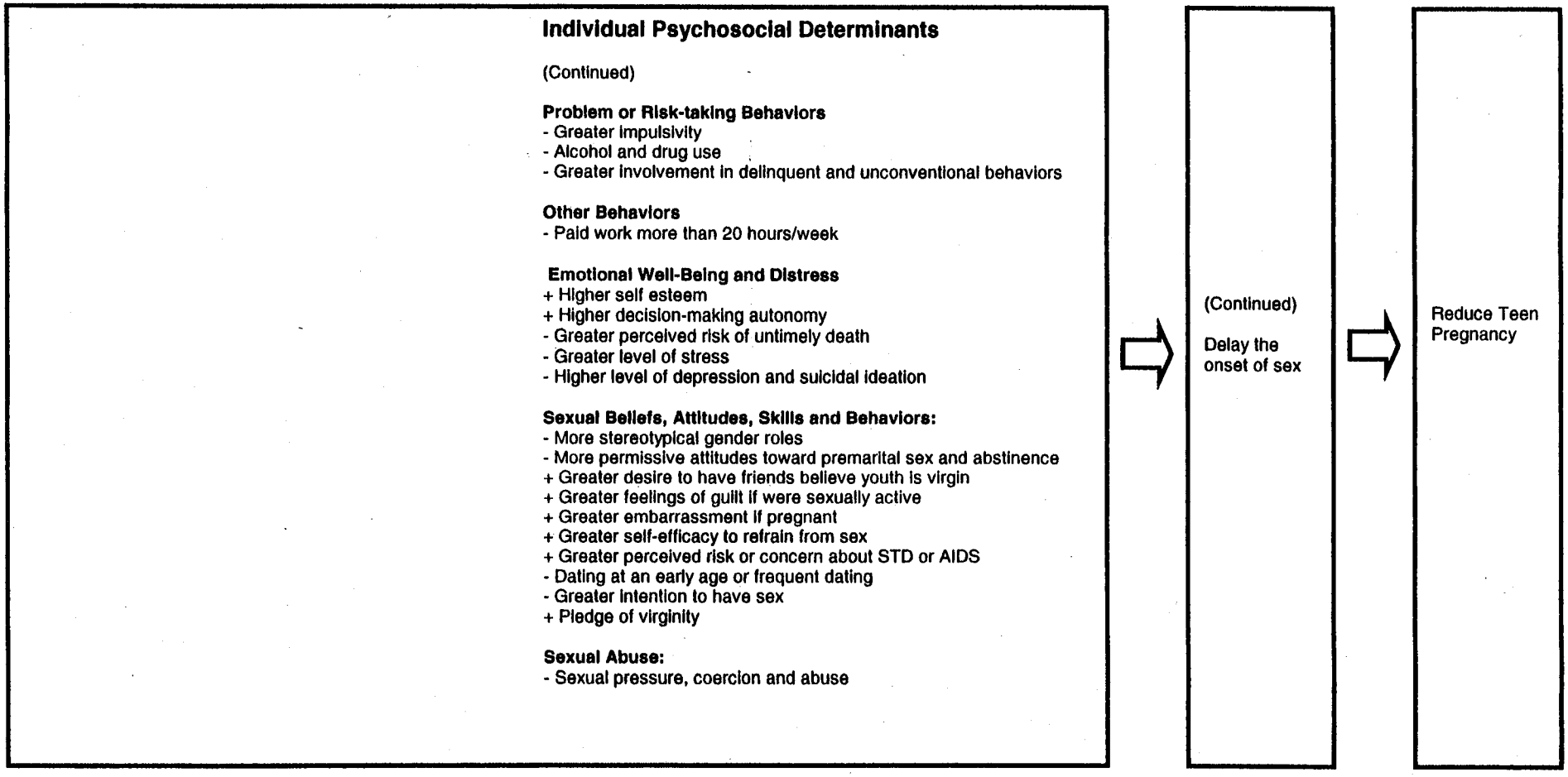
[7] A+≅ denotes a protective factors; A-≅ denotes a risk factor.

# Figure 2: Continued

**Determinants in Different Domains**

**Goals**

**Behaviors**



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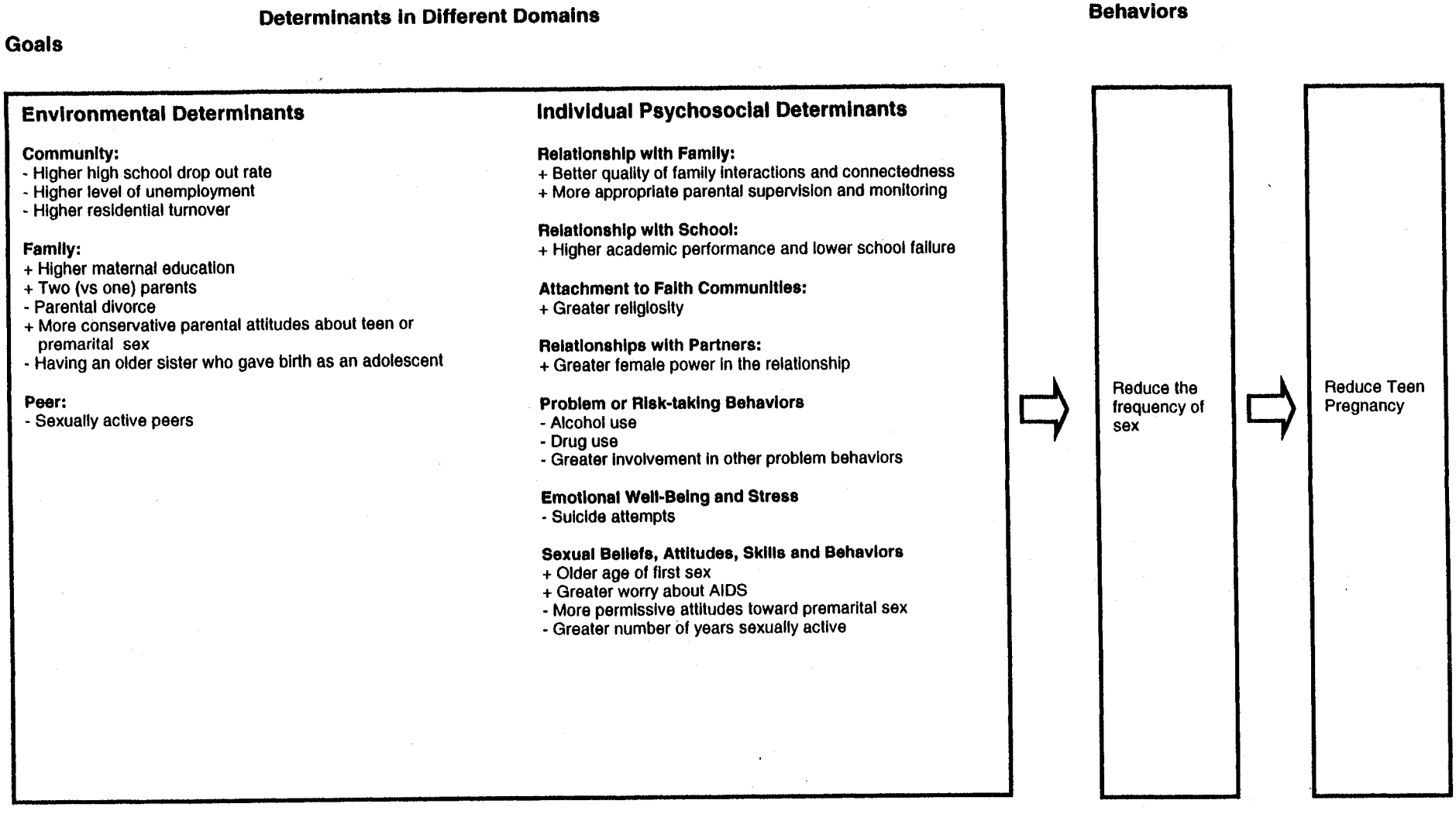

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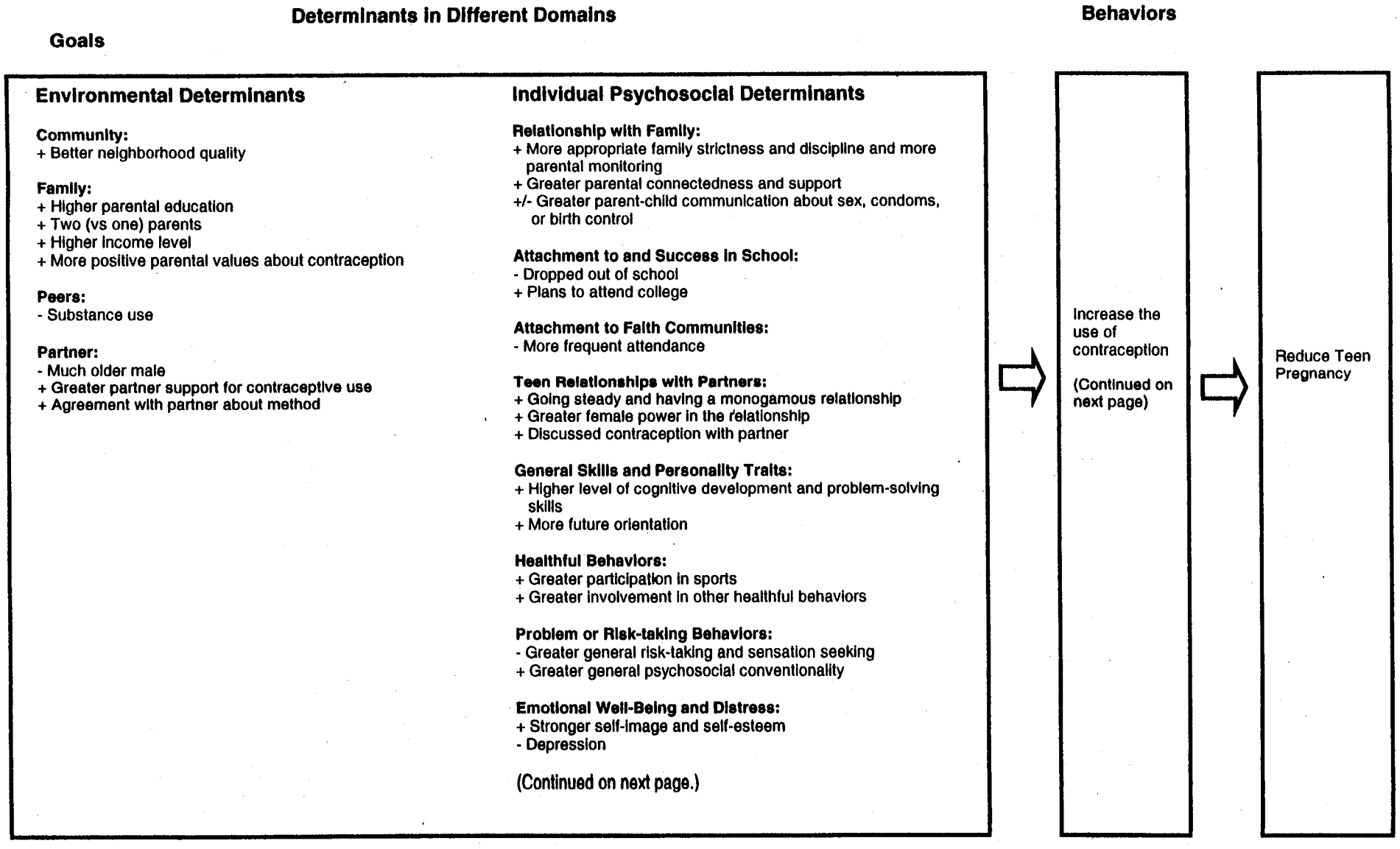

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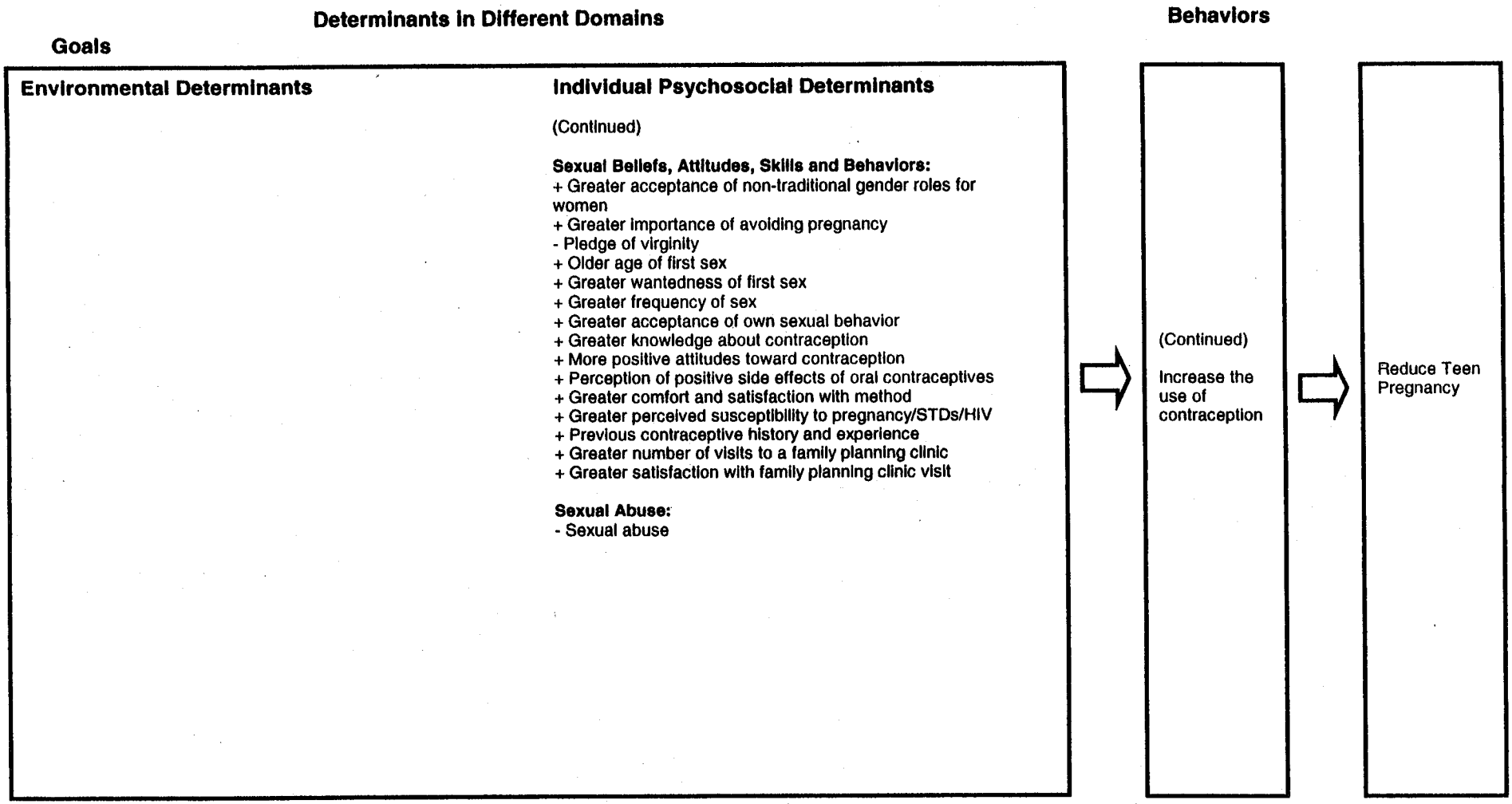
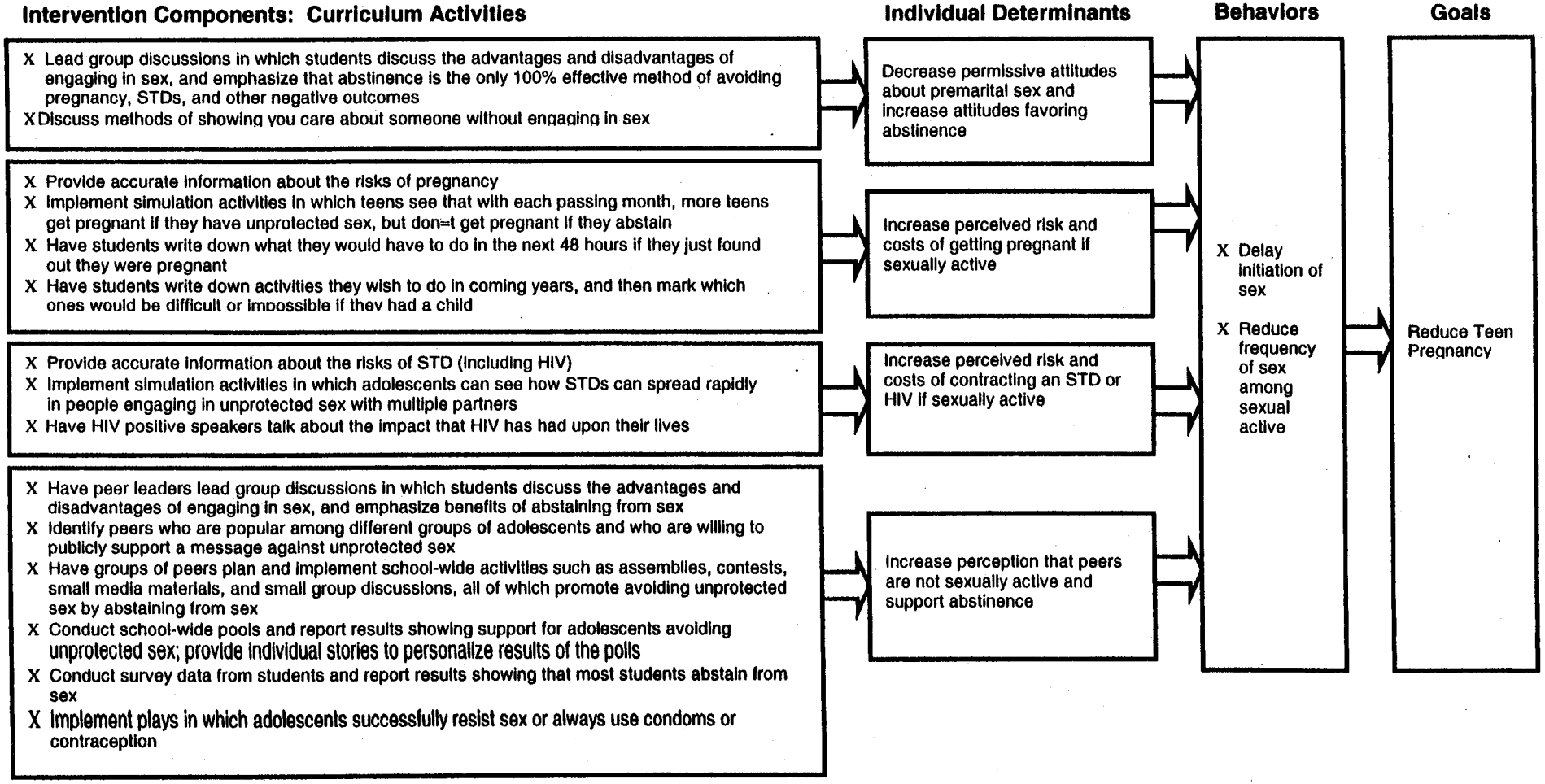


## Figure 3:
## An Example of A BDI Logic Model to Reduce Pregnancy By Implementing a School-based Sexuality Education Curriculum That Addresses Individual Psychosocial Determinants of Sexual and Contraceptive Behaviors



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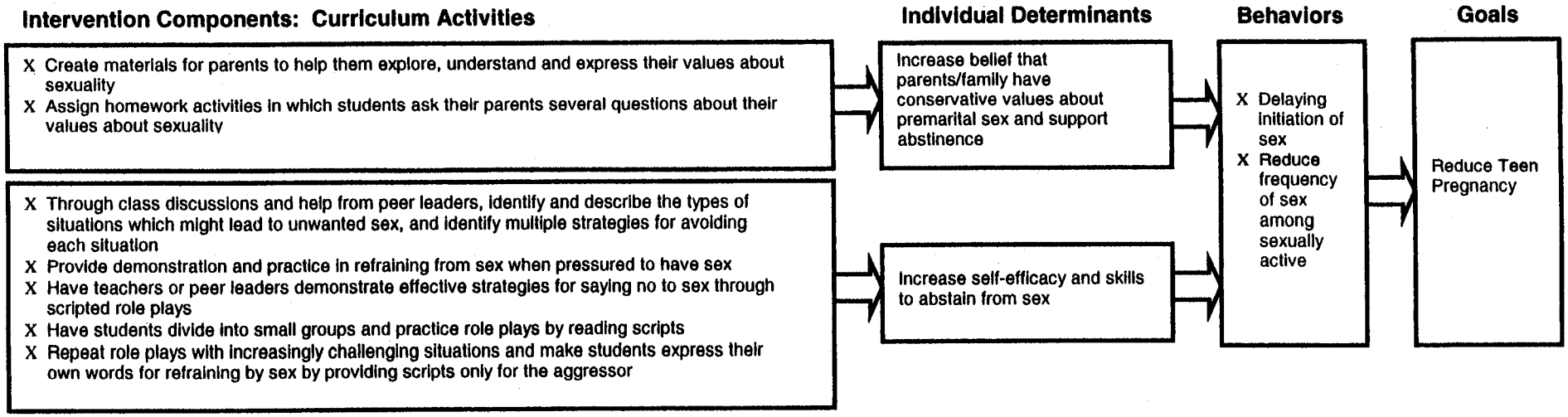

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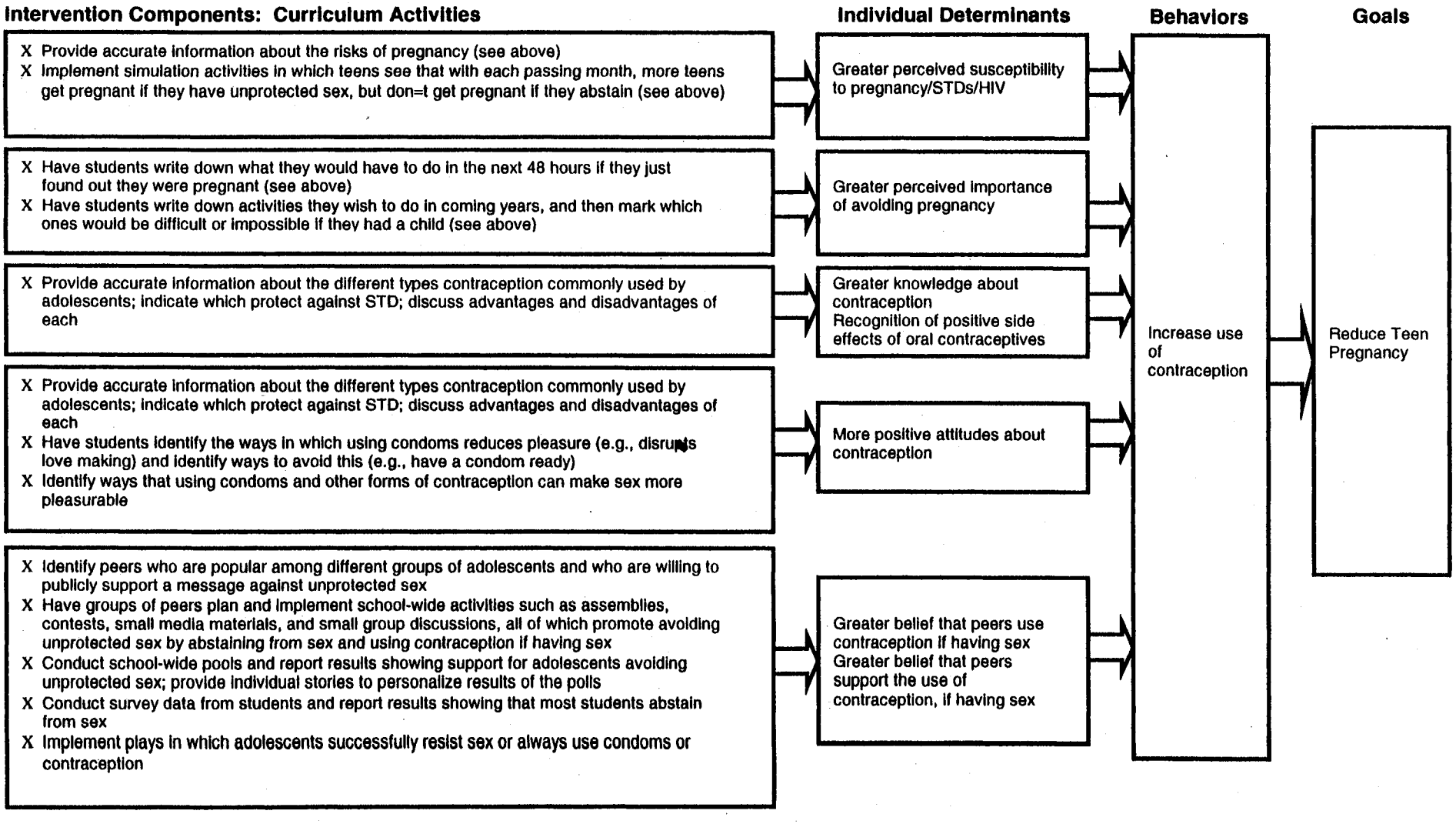

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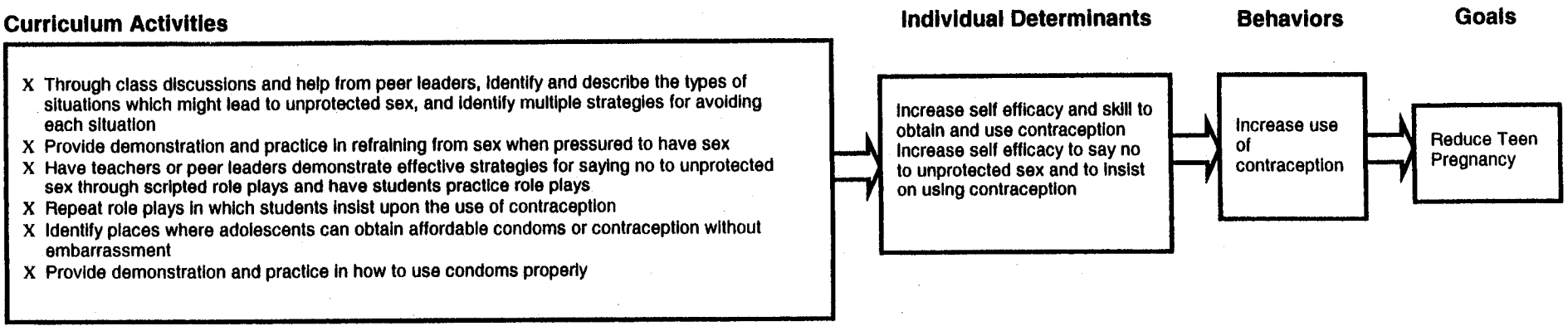
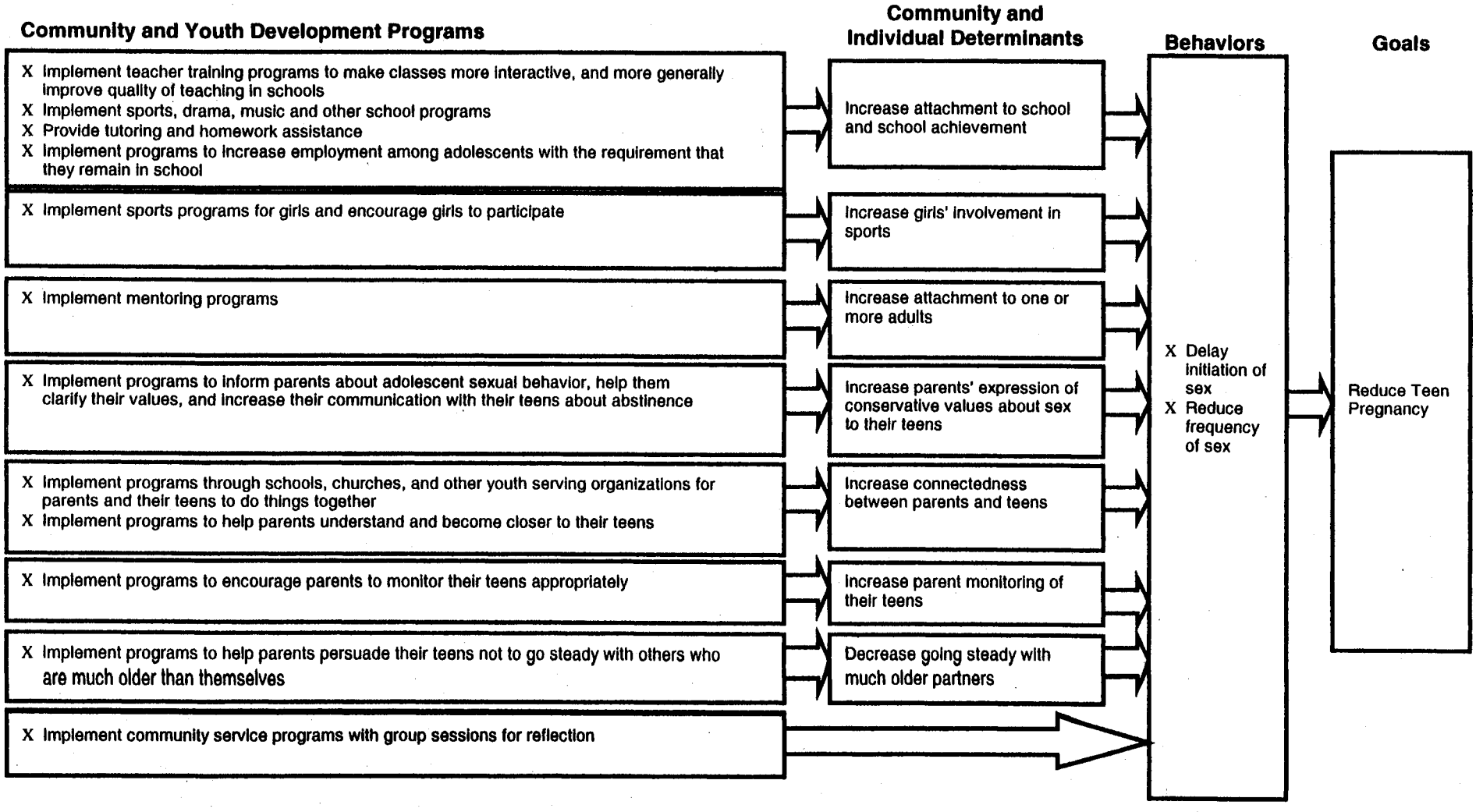


## Figure 4:
## An Example of a BDI Logic Model to Reduce Pregnancy through Youth Development Programs That Address Community and Individual Non-Sexual Determinants of Sexual and Contraceptive Behaviors and Pregnancy



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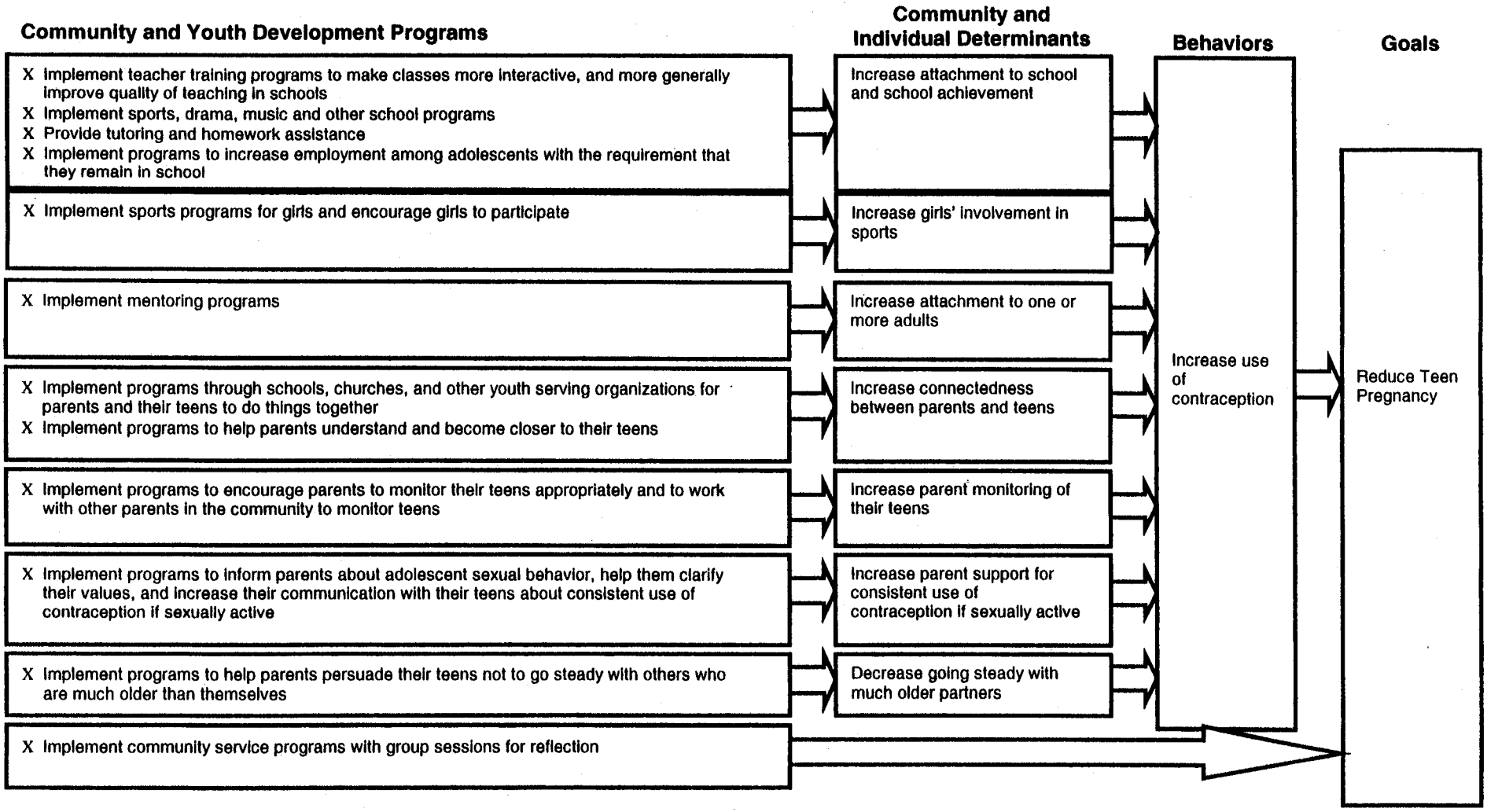
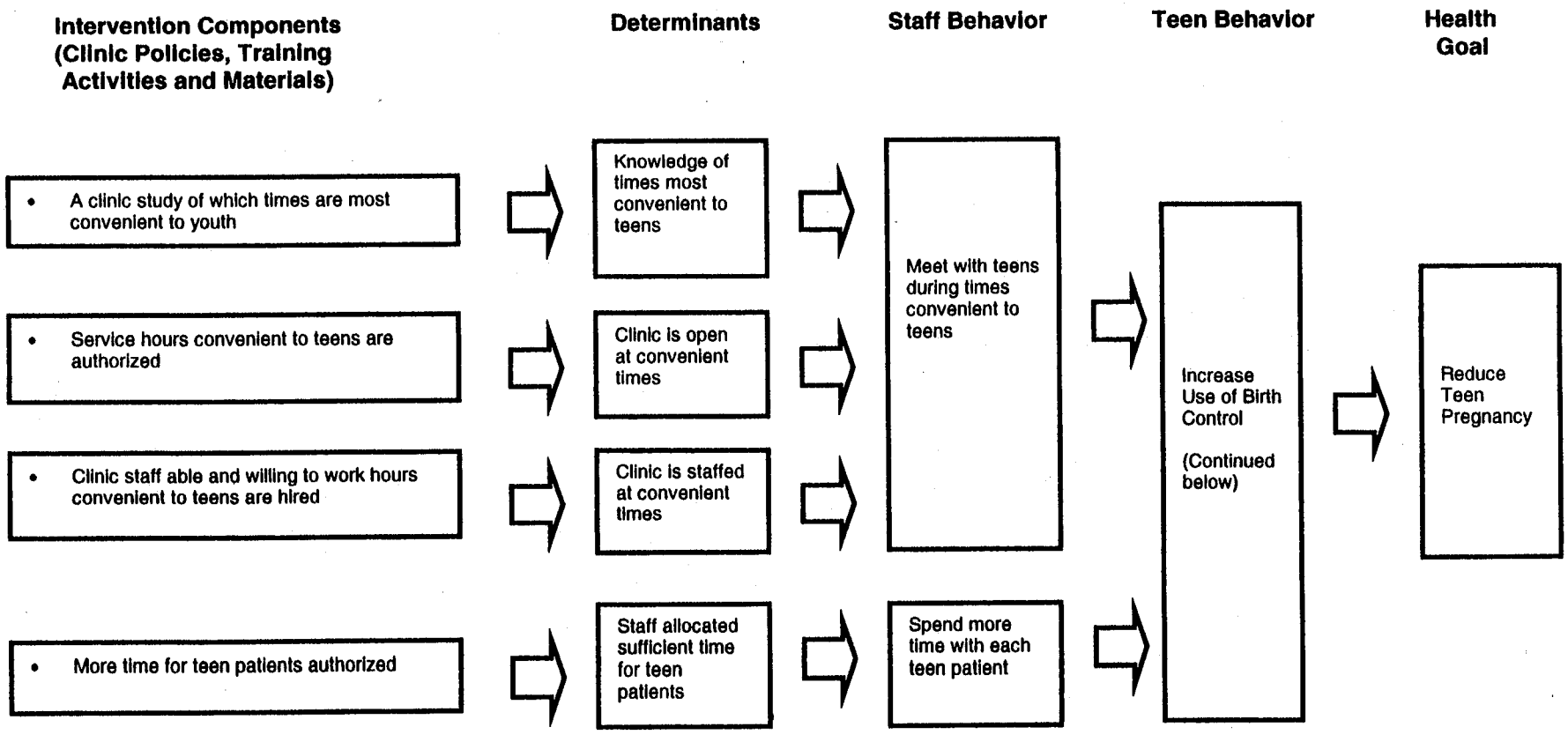


## Figure 5: An Example of A BDI Logic Model to Reduce Pregnancy By Making Clinics More "Adolescent Friendly" and Thereby Increasing Teen Contraceptive Use



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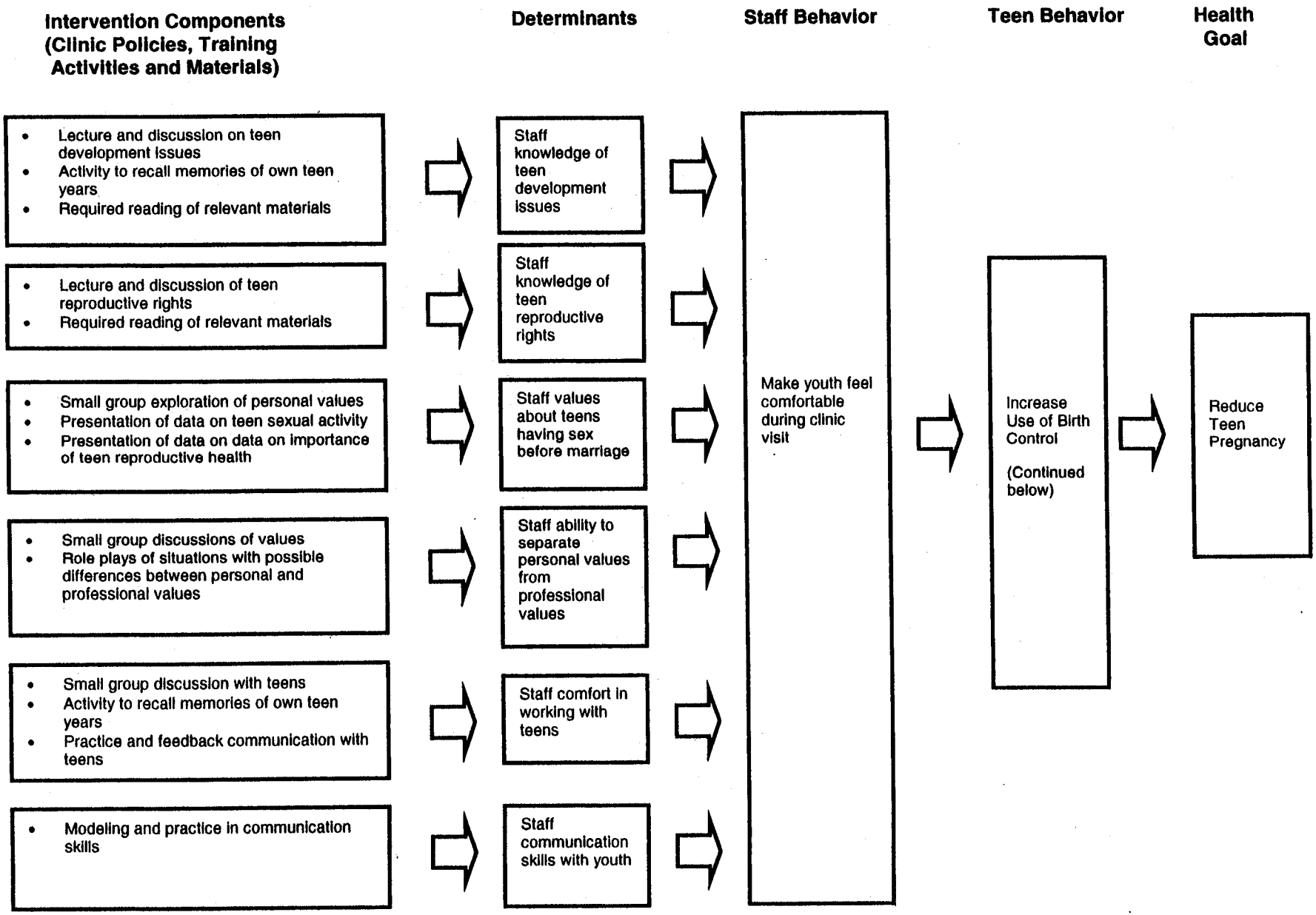

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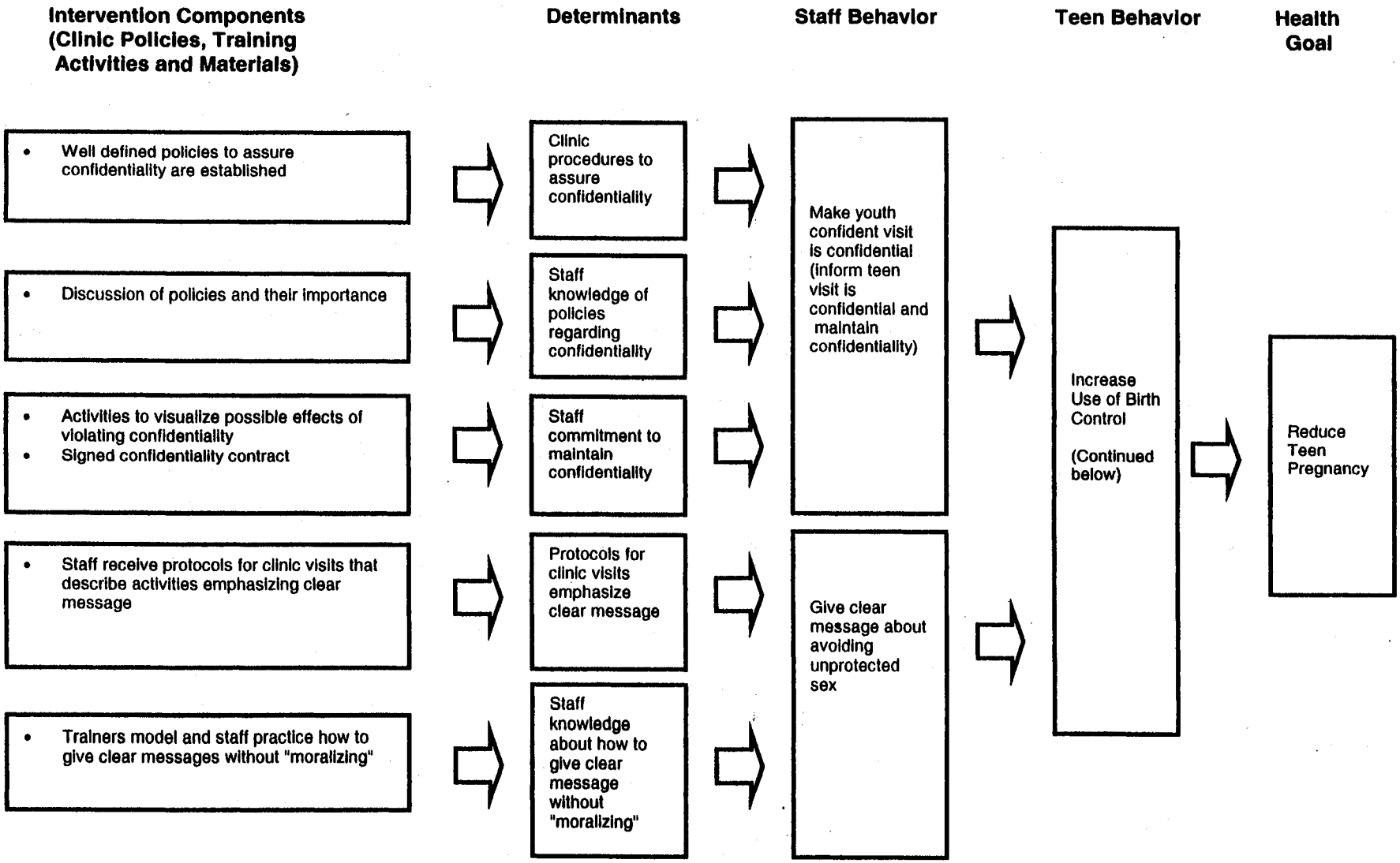

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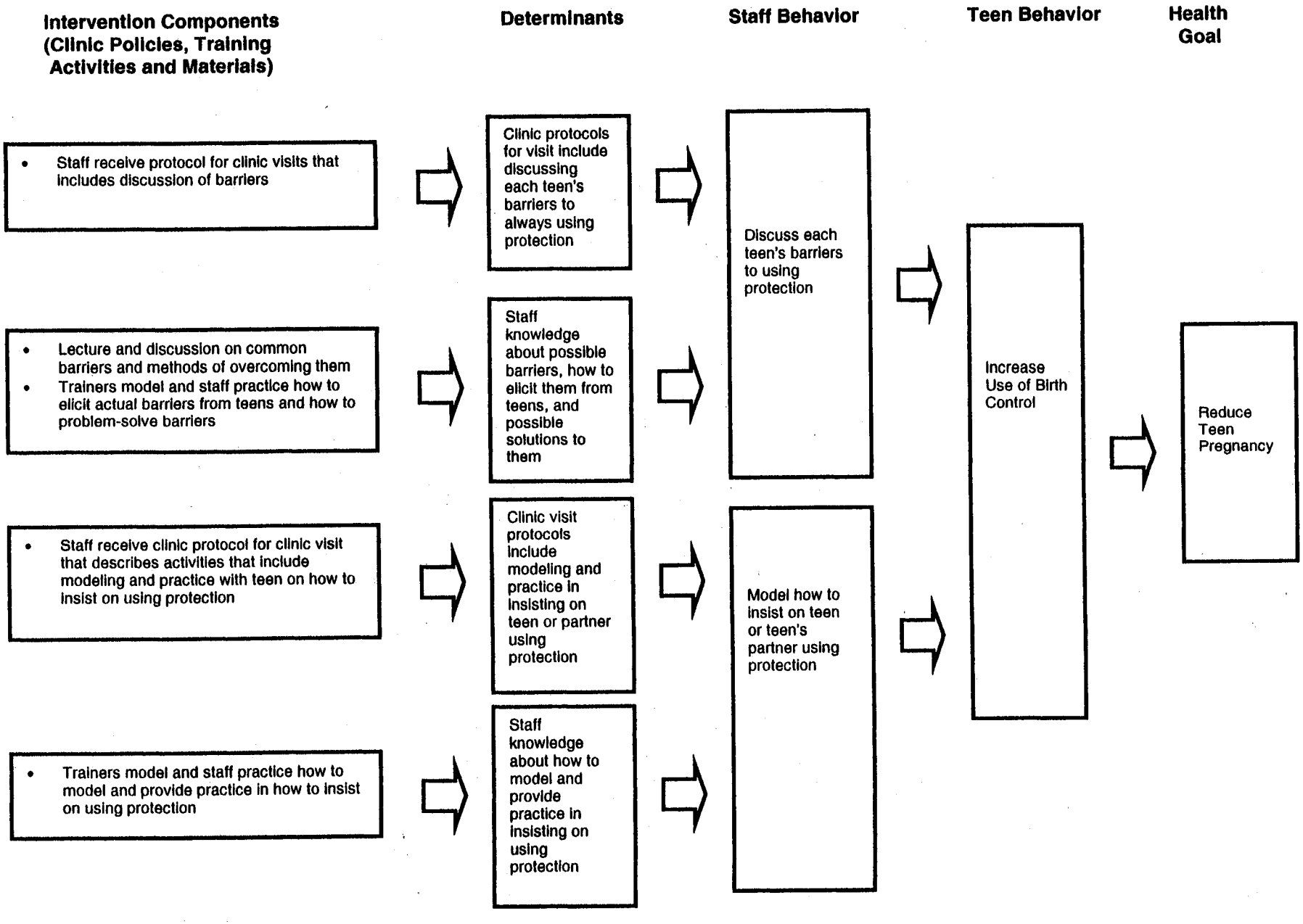

## Figure 6:
# Criteria for Assessing Logic Models and Their Development

## Criteria for Assessing the Model

### Overall

- Does the model make sense? Does it reflect the understanding of the group?
- Are all items in the correct column?
- Are all the relationships causal (as opposed to correlational)?

### Goals

- Is the stated goal a priority?
- Is it well defined?
- Are the populations well enough defined (e.g., by age, sex, income level, location)?

### Behaviors

- Are all the important and relevant behaviors that have a marked impact upon the health goal identified and selected? If not, are there good reasons provided for excluding some of the behaviors?
- Are the behaviors defined sufficiently precisely?
- Do they directly affect the health goal?
- Are they strongly related to the health goal?
- Are they measurable?

### Determinants (Risk and Protective Factors)

- Were determinants in different domains identified (e.g., media, community, family, peer, and individual)?
- Are both risk and protective factors included?
- Do selected factors have a strong causal impact upon one or more behaviors?
- What is the strength of the evidence provided for their causal impact?
- Can the selected determinants be modified markedly by potential interventions?
- Are all determinants that affect behavior and can be changed by feasible interventions included?

### Program Components

- Can the activities and components in combination have a marked impact upon each of the selected determinants? Do multiple activities or components address each determinant?
- What is the strength of the evidence that the components can improve the determinants?
- Is it feasible to implement each of the components? Are the necessary organizational requirements in place? Do staff have the needed skills? Are there sufficient financial resources? Is there necessary political or policy support?
- Given the purposes of the model, were the intervention components described in sufficient detail?

## Criteria for Assessing the Development of the Model

- Were people with different views involved in the development of the model? Were youth involved in the development of the model? Were people with program experience involved? Were researchers involved?
- Is a process described for actually using the model once it is developed?
- Is a process described for periodically assessing and updating the model?

# PART FOUR:

## *ATTACHMENTS*

## Information and Education Program
## Application Cover Sheet

1. Applicant Agency Name: _____
   Address: _____
   City: _____
   County: _____
   Zip: _____
   Fax: (____)_____ Telephone: (____)_____

   (Check One) ☐ Current Project ☐ New Project

2. Name of Executive Director: _____
   E-mail: _____

3. Project Name: _____

4. Funds Being Requested:

   Fiscal Year 2003/2004: $_____
   Fiscal Year 2004/2005 $_____
   Fiscal Year 2005/2006: $_____ Total Requested: $_____

   Note: Amounts being requested may not be the amounts finally funded.

5. Indicate the Geographic Service Area of Proposed Project:
   ☐ County_____
   ☐ Regional (multi-county area) _____

6. Target Population(s) to be reached by the Proposed Project:
   ☐ Pre-sexually Active Adolescents
   ☐ Sexually Active Adolescents
   ☐ Pregnant & Parenting Adolescents
   ☐ Parents, Families and Adult Caregivers
   ☐ Young Adults at risk of unintended pregnancy
   ☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)

7. ☐ Please check if the applicant is a Family Planning, Access, Care and Treatment (Family PACT) Program provider.

By submitting this application, the applicant signifies the acceptance of the responsibility to comply with all grant requirements stated in this RFA, released by the Office of Family Planning/California Department of Health Services (DHS). The applicant understands that DHS is not obligated to fund the project until the applicant correctly submits completed documents required for the grant award agreement. The applicant further agrees to administer the grant project in accordance with applicable statute, this RFA, the grant award resulting from the RFA, and will participate in any statewide evaluation.

Signature of Authorized Agency Official (sign original in blue ink):

Signature Title Date

# AGENCY INFORMATION

**1. Agency Director:**

Name: _____ Telephone: (___)_____

Title: _____ FAX: (___)_____

Address: _____ E-Mail Address: _____

_____

_____ Zip: _____

**2. Agency Fiscal Officer:**

Name: _____ Telephone: (___)_____

Title: _____ FAX: (___)_____

Address: _____ E-Mail Address: _____

_____

_____ Zip: _____

**3. Agency Official with Board Authority to Commit Agency to an Agreement and Sign Grant Agreement:**

Name: _____ Telephone: (___)_____

Title: _____ FAX: (___)_____

Address: _____ E-Mail Address: _____

_____

_____ Zip: _____

**4. Project Director (Agency Contact Regarding Application):**

Name: _____ Telephone: (___)_____

Title: _____ FAX: (___)_____

Address: _____ E-Mail Address: _____

_____

_____ Zip: _____

**5. Agency Tax Status:**

_____Public (Government/University)

_____Private, Nonprofit

_____Other (Specify):

## 6. Organization's Fiscal Year Dates:

From:_____ to _____

# Applicant Checklist/Table of Contents

The items below are required elements of the application. If any of the following items are omitted from the application, the application will be considered incomplete and out of compliance with this RFA will not be reviewed. Please review carefully and check off each item before the application is mailed. Indicate the page number for each section.

Page Number

- ☐ Application Cover Sheet (Attachment I)
- ☐ Agency Information Sheet (Attachment II)
- ☐ Applicant Checklist/Table of Contents (Attachment III)
- ☐ Information and Education Program Project Profile (Attachment IV)
- ☐ Applicant Capability (3 page limit)
- ☐ Community Collaboration (4 page limit and Attachment V)
- ☐ Information and Education Program Collaborative Roster (Attachment V)
- ☐ Community Needs Assessment (3 page limit)
- ☐ Project Description (4 page limit)
- ☐ Scope of Work (Attachment VII for fiscal year 03-04 -no page limit; and one page narrative for each fiscal year 04-05 and 05-06)
- ☐ Evaluation Plan (3 page limit)
- ☐ Budget and Budget Justification
- ☐ Attachment Section
  - ☐ Organizational Chart
  - ☐ Duty Statements
  - ☐ Resumes
  - ☐ List of Board of Directors
  - ☐ Proof of Non-profit Status or Local Health Jurisdiction Resolution
  - ☐ Letter(s) of Commitment, if applicable
  - ☐ Memorandum(s) of Understanding, if applicable
  - ☐ School Agreement Form(s) (Attachment VI)
  - ☐ Payee Data Record (Attachment IX)
  - ☐ Information and Education Reference Form (Attachment X)

**INFORMATION AND EDUCATION PROGRAM**
**PROJECT PROFILE**

## Applicant Name_____

**1. Geographic Service Area:**

1a. Teen Pregnancy Hot Spots (Target Census Tract Numbers)

_____ _____ _____
_____ _____ _____

1b. City (Cities)

_____ _____ _____
_____ _____ _____

1c. County (Counties)

_____ _____ _____

**2. Please indicate what type of agency you are. (Mark One)**

☐ City Government
☐ County Government
☐ Health Clinic
☐ Community Based Organization
☐ Faith Based Organization
☐ Local District/Office of Education/High School
☐ Local Health Jurisdiction
☐ Other_____

**3. Please indicate your agency's primary service category. (Mark One)**

☐ Health Education
☐ Public Health
☐ Mental Health
☐ Youth Development
☐ Recreation/Arts
☐ Health Care
☐ Social Service
☐ Academic Development
☐ Job Training
☐ Other_____

**4. Collaboration**

| | Number of Collaborators |
|---|---|
| Alliance | _____ |

# PROJECT PROFILE

| 5. Target Populations **(Check all that apply)** | **Numbers to be Reached in FY2003--2004** | | **Percent of FY Budget 2003--2004** | ***Strategy (Indicate #)*** | **Sub Strategy (Indicate Letter)** |
|---|---|---|---|---|---|
| | | | | **(See quick reference on page 4)** | |
| ☐ Pre-Sexually Active Adolescents | **M** | **F** | **_____%** | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| ☐ Sexually Active Adolescents | **M** | **F** | _____% | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| ☐ Pregnant and Parenting Adolescent | M | F | _____% | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| | | | | | |
| ☐ Parents, Families & Adult Caregivers | | | _____% | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| ☐ Young Adult At-Risk of Un-intended Pregnancy | M | F | _____% | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| | | | | | |
| ☐ Youth Serving Personnel | | | _____% | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| **Total Numbers In FY 2003—2004** | | | Total (Equal 100%)<br>_____ | | |

**6. What are the anticipated ages of your I&E clients to be served for fiscal year 2003—2004? (Please indicate by approximate percent – must add up to 100%)**

11 and under _____% 12 –14_____% 15 to 19_____%

20 to 25_____% 26 and older_____%

## PROJECT PROFILE

**7. What is the race/ethnicity of your I&E clients to be served for fiscal year 2003— 2004? (Please indicate by approximate percent – must add up to 100%)**

African American _____% Latino/Hispanic_____% White/Angelo_____%

American Indian_____% Pacific Island_____% Asian_____%

Filipino_____% Other_____%

**8. PROJECT GOAL(S) FROM RFA (mark all that apply):**

The specific goals of the RFA are to:

☐1. Reduce teen and unintended pregnancies.
☐2. Promote responsible parenting.
☐3. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child.
☐4. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.
☐5. Promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

**9. STRATEGY SITES (Mark all that apply):**

| | |
|---|---|
| ☐Community Center | ☐Recreation Facility or Youth Center |
| ☐Faith Organization | ☐School –Alternative |
| ☐Family/Social Service Agency | ☐School –After Hours |
| ☐Health Clinic | ☐School –In Class |
| ☐Juvenile Justice/Correctional Facility | ☐Shelter |
| ☐Public Health Agency | ☐ Other:_____ (Specify) |

10. What curriculum(a) are you using in your I&E project? (Please list and indicate whether this is an evaluated, non-evaluated, or modified curriculum.)

| | Evaluated | Non-Evaluated | Modified |
|---|---|---|---|
| **Title** | ☐ | ☐ | ☐ |
| **Title** | ☐ | ☐ | ☐ |
| **Title** | ☐ | ☐ | ☐ |
| **Title** | ☐ | ☐ | ☐ |

# PROJECT PROFILE

## Quick Strategy/Sub strategy Reference Guide

Strategy 1 – Prevention Education

Sub strategies
a. Abstinence Education
b. Comprehensive Sexuality Education
c. Train the Trainer

Strategy 2 – Informational Presentations

Strategy 3 – Education and Support for Significant Adults

Strategy 4 – Education and Support for Teen Mothers and Fathers

Strategy 5 – Service Learning

Strategy 6 – Peer Provided Services

Strategy 7 – Clinic Linkages & Referrals

Strategy 8 – Train the Trainer

Strategy 9 – Mentoring
Sub strategies
a. Formal Adult to Youth
b. Adult to Youth/Role Modeling (Informal)
c. Team (Informal)
d. Group (Informal)
e. Cross-Age (Informal)

Strategy 10- Community Awareness and Mobilization
Sub strategies
a. Community Events
b. Advocacy Presentations
c. Media

Strategy 11 – Other

**Information & Education Program**

**Project Collaborative Roster**

**Name of Applicant Agency: _____**

| **Name and Address Of Collaborator** | **Type of Agreement (Check one)** | | | | **Family PACT Provider** | **AFLP Sibling** | **Paid Subcontractor** |
|---|---|---|---|---|---|---|---|
| | **Letter Commitment** | **School** | **MOU** | **Other** | | | |
| Collaborator | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Collaborator's Duties Supporting SOW: | | | | | | |
| Collaborator | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Collaborator's Duties Supporting SOW: | | | | | | |
| Collaborator | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Collaborator's Duties Supporting SOW: | | | | | | |

**Instructions:**

1. List name/address of collaborator(s).
2. Indicate the type of agreement for each collaborator (attach a copy of the agreement to the roster).
3. Indicate if the collaborator is an alliance or partnership.
4. Indicate if the collaborator is a Family PACT Provider.
5. Indicate if the collaborator is an AFLP/Sibling Program.
6. Indicate if the collaborator is a paid subcontractor.
7. In the space allotted, describe in one or two sentences the collaborator's duties as they related to specific Scope of Work (SOW) strategies.

# State of California

## Department of Health Services
## Information and Education Program
## School Agreement Form

I, undersigned, as an official representative of the county office of education/school district/school (circle one) listed below, do hereby agree to allow _____, if successful
(Agency Name and/or Subcontractor Name)
in receiving funding under one the Information & Education Program, to conduct program activities at my school(s), beginning July 1, 2003 through June 30, 2004.

I have reviewed the proposed project and/or curriculum and have received the necessary approval to have it presented to students or other individuals within my jurisdiction.

I, on behalf of my agency, agree that the prospective Information and Education Program grant can serve:

Estimated total number of participants per year: _____

Age or grade level: _____

Name of school sites: _____ _____

_____ _____

Yes ☐ No ☐ I agree to allow the above agency to deliver the proposed project/curriculum.

Yes ☐ No ☐ I agree that participant data, including ethnicity and grade level, can be collected.

Yes ☐ No ☐ I agree that the above mentioned agency can administer any Information and Education Program evaluation pre/post surveys.

---

_____ _____
Agency Name Phone Number

_____
E-Mail Address

_____
Address: Street/City/Zip Code

_____
Name and Title of Agency Official (Please print or type)

_____ _____
Signature of Agency Official Date

Grantee Name: _____
Grant Number: _____

Exhibit A
Scope of Work
**November 1, 2003 – June 30, 2004**
Year 1

| **SCOPE OF WORK** | | | |
|---|---|---|---|
| **GOAL:** | | | |
| **Objective Number:** | **Activities/Tasks Needed to Complete This Objective** | | |
| **Strategy:** | Steps needed to complete objective | When | Staff Assigned |
| **Sub-Strategy:** | | | |
| **Population served in this Strategy** | | | |
| ☐ Females ☐ Males ☐ Both | | | |
| **% Ages served by this strategy:** | | | |
| | 11 and younger | | |
| | 12 – 14 | | |
| | 15 – 19 | | |
| | 20 – 24 | | |
| | 25 and older | | |
| | | | |
| **% Ethnic group(s) served:** | | | |
| | African-American | | |
| | American Indian | | |
| | Asian | | |
| | Filipino | | |
| | Latino/Hispanic | | |
| | Pacific Islander | | |
| | White/Anglo | | |
| | Other | | |
| | | | |
| **Strategy will reach a minimum of:** | | | |
| | Number of participants | | |
| | Number of sessions/ presentations/meetings/activities | | |
| | Length in minutes | | |
| | | | |
| **Is curriculum used?** | **Sites of Service:** | | |
| ☐ No ☐ Yes | **1.** | **6.** | |
| **Title:** | **2.** | **7.** | |
| **Attachment VII (a)** | **3.** | **8.** | |
| **Strategy part of Statewide Evaluation?** | **4.** | **9.** | |
| ☐ **No** ☐ **Yes** | **5.** | **10.** | |
| **Outcomes to be achieved by the Objective** | | | |
| . | | | |

Grantee Name: _____
Grant Number: _____

Exhibit A
Scope of Work
**November 1, 2003 – June 30, 2004**
Year 1

| **SCOPE OF WORK** | | | |
|---|---|---|---|
| **GOAL:** | | | |
| **Objective Number:** | **Activities/Tasks Needed to Complete This Objective** | | |
| **Strategy:** | Steps needed to complete objective | When | Staff Assigned |
| **Sub-Strategy:** | | | |
| **Population served in this strategy:** | | | |
| ☐ Females ☐ Males ☐ Both | | | |
| **% Ages served by this strategy:** | | | |
| 11 and younger | | | |
| 12 – 14 | | | |
| 15 – 19 | | | |
| 20 – 24 | | | |
| 25 and older | | | |
| **% Ethnic group(s) served:** | | | |
| African-American | | | |
| American Indian | | | |
| Asian | | | |
| Filipino | | | |
| Latino/Hispanic | | | |
| Pacific Islander | | | |
| White/Anglo | | | |
| Other | | | |
| **Strategy will reach a minimum of:** | | | |
| Number of participants annually | | | |
| Number of sessions/ presentations/meetings/activities | | | |
| Length in minutes | | | |
| | **Sites of Service:** | | |
| **Is curriculum used?** | | | |
| ☐ No ☐ Yes | **1.** | **6.** | |
| **Title:** | **2.** | **7.** | |
| **Strategy part of Statewide Evaluation?** | **3.** | **8.** | |
| ☐ **No** ☐ **Yes** | **4.** | **9.** | |
| | **5.** | **10.** | |
| **Outcomes to be achieved by the Objective** | | | |

Grantee Name: _____
Grant Number: _____

Exhibit B
Scope of Work
July 1, 2003 – June 30, 2004
Year 1

## SCOPE OF WORK

**GOAL:** Reduce teen and unintended pregnancies

**Objective Number:**

**Strategy:** Prevention Education

**Sub-Strategy:** Comprehensive Sexuality Education

**Population served in this Strategy**

☐ Females ☐ Males ☒ Both

**% Ages served by this strategy:**

| | |
|---|---|
| | 11 and younger |
| 25 | 12 – 14 |
| 75 | 15 – 19 |
| | 20 – 24 |
| | 25 and older |

**% Ethnic group(s) served:**

| | |
|---|---|
| 15 | African-American |
| | American Indian |
| 5 | Asian |
| 5 | Filipino |
| 60 | Latino/Hispanic |
| | Pacific Islander |
| 15 | White/Anglo |
| | Other |

**Strategy will reach a minimum of:**

| | |
|---|---|
| 300 | Number of participants |
| 16 | Number of sessions/ presentations/meetings/activities |
| 50 | Length in minutes |

**Is curriculum used?**

☐ No ☒ Yes

**Title:** Reducing the Risk

**Strategy part of Statewide Evaluation?**

☐ **No** ☒ **Yes**

**Activities/Tasks Needed to Complete This Objective**

| Steps needed to complete objective | When | Staff Assigned |
|---|---|---|
| 1. Present and distribute finalized workplan to Project partners/collaborative and subcontractors. | 8/02 | Program Coordinator Collaborative/XYZ Inc. |
| 2. Contact H.S./M.S. Principals and staff to set date for program presentation. Develop 30 minute presentation. | 8/02 | Program Coordinator |
| 3. Conduct presentation and receive approval of program with appropriate education official. | 8/02 | Program Coordinator |
| 4. Receive approval for program & evaluation tool(s) from teachers and School Boards. | 8/02 | Program Coordinator Collaborative/XYZ Inc. |
| 5. Distribute "Positive Parental Consent" forms to parents/caretakers. | 8/02-12/02 | Program Coordinator |
| 6. Schedule classes with principals and teachers: grades 9, 10, and 11th grade. | 8/02-12/02 | Program Coordinator XYZ Inc. |
| 7. Set-up database for local evaluation for program. | 8/02-12/02 | Program Coordinator Support Staff |
| 8. Develop & distribute referral cards and linkage to clinical services. | 1/03-6/03 | Program Coordinator and Staff |
| 9. Conduct classes three times a week to three high schools. | 1/03-6/03 | Health Educators XYZ Inc. |
| 10. Debrief with staff on each class session. | 1/03-6/03 | Health Educators Collaborative/XYZ Inc. |
| 11. Administer & send copies of pretest to statewide evaluator. | 1/03-6/03 | Health Educator |

**Sites of Service:**

| | |
|---|---|
| **1.** Hoover High School | **6.** |
| **2.** MLK Middle School | **7.** |
| **3.** | **8.** |
| **4.** | **9.** |
| **5.** | **10.** |

**Outcomes to be achieved by the Objective**

As measured by local pre and posttests (on participants completing at least 10 sessions).

1). 20% increase in STD/HIV knowledge by at least 180 participants.
2). 20% increase in number of participants who are able to use at least 6 out of 10 refusal/delaying skills.
3). At least 90% of participants will be able to demonstrate the "self talk" method to avoid sex or unprotected sex.

Grantee Name: _____
Grant Number: _____

Exhibit B
Scope of Work
July 1, 2003 – June 30, 2004
Year 1

## SCOPE OF WORK

**GOAL:** Reduce teen and unintended pregnancies

**Objective Number:**

**Strategy: Prevention Education**

**Sub-Strategy:** Comprehensive Sexuality Education

**Population served in this strategy:**

☐ Females ☐ Males ☒ Both

| % Ages served by this strategy: | |
|---|---|
| | 11 and younger |
| 25 | 12 – 14 |
| 75 | 15 – 19 |
| | 20 – 24 |
| | 25 and older |
| | |

| % Ethnic group(s) served: | |
|---|---|
| 15 | African-American |
| | American Indian |
| 5 | Asian |
| 5 | Filipino |
| 60 | Latino/Hispanic |
| | Pacific Islander |
| 15 | White/Anglo |
| | Other |
| | |

| Strategy will reach a minimum of: | |
|---|---|
| 300 | Number of participants |
| 16 | Number of sessions/ presentations/meetings/activities |
| 50 | Length in minutes |
| | |

**Is curriculum used?**

☐ No ☒ Yes

**Title: Reducing the Risk**

**Strategy part of Statewide Evaluation?**

☐ **No** ☒ **Yes**

**Activities/Tasks Needed to Complete This Objective**

| Steps needed to complete objective | When | Staff Assigned |
|---|---|---|
| 12. Administer & send copies of posttest to statewide evaluator and satisfaction surveys to Program Coordinator for analysis. | 1/03-6/03 | Health Educators |
| 13. Maintain copies of all rosters/surveys on file | 1/03-6/03 | Health Educators |
| 14. Collect & analyze local evaluation data. | 1/03-6/03 | Support Staff Program Coordinator |
| 15. Present findings of local and statewide data to collaborative meeting. | 1/03-6/03 | Program Coordinator Collaborative/XYZ Inc. |

**Sites of Service:**

| | |
|---|---|
| **1.** Hoover High School | **6.** |
| **2.** MLK Middle School | **7.** |
| **3.** | **8.** |
| **4.** | **9.** |
| **5.** | **10.** |

**Outcomes to be achieved by the Objective**

As measured by local pre and posttests (on participants completing at least 10 sessions).

1). 20% increase in STD/HIV knowledge by at least 180 participants.
2). 20% increase in number of participants who are able to use at least 6 out of 10 refusal/delaying skills.
3). At least 90% of participants will be able to demonstrate the "self talk" method to avoid sex or unprotected sex.

STATE OF CALIFORNIA

**Attachment VIII**

# PAYEE DATA RECORD

**(Required in lieu of IRS W-9 when doing business with the State of California)**
STD. 204 (REV. 2-99)

***NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.***

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

| | | |
|---|---|---|
| 1 **PLEASE RETURN TO:** | DEPARTMENT/OFFICE<br>STREET ADDRESS<br>CITY, STATE, ZIP CODE<br>TELEPHONE NUMBER | **PURPOSE:** Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments.<br>***(See Privacy Statement on reverse)*** |

2 PAYEE'S BUSINESS NAME

SOLE PROPRIETOR--ENTER OWNER'S FULL NAME HERE *(Last, First, M.I.)*

MAILING ADDRESS *(Number and Street or P. O. Box Number)*

*(City, State and Zip Code)*

| | | |
|---|---|---|
| 3 **PAYEE ENTITY TYPE** | CHECK ONE BOX ONLY<br>☐ **MEDICAL CORPORATION** *(including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)*<br>☐ **EXEMPT CORPORATION** ***(Nonprofit)***<br>☐ **ALL OTHER CORPORATIONS**<br>☐ **PARTNERSHIP**<br>☐ **ESTATE OR TRUST**<br>☐ **INDIVIDUAL/SOLE PROPRIETOR** | **NOTE:** State and local governmental entities, including school districts are not required to submit this form. |
| 4 **PAYEE'S TAXPAYER I.D. NUMBER** | **SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646** *(See reverse)*<br>FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) \|_\|_\| - \|_\|_\|_\|_\|_\|_\|_\|<br>IF PAYEE ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.<br>SOCIAL SECURITY NUMBER \|_\|_\|_\| - \|_\|_\| - \|_\|_\|_\|_\|<br>(IF PAYEE ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSAN. | **NOTE:** Payment will not be processed without an accompanying taxpayer I.D. number. |
| 5 **PAYEE RESIDENCY STATUS** | CHECK APPROPRIATE BOX(ES)<br>☐ California Resident – Qualified to do business in CA or a permanent place of business in CA<br>☐ Nonresident *(See Reverse)* Payments to nonresidents for services may be subject to state withholding<br>☐ WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED<br>☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA | **NOTE:**<br>**a.** An estate is a resident if decedent was a California resident at time of death.<br>**b.** A trust is a resident if at least one trustee is a California resident.<br>(See reverse) |

6 **CERTIFYING SIGNATURE**

***I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.***

| AUTHORIZED PAYEE REPRESENTATIVE'S NAME *(Type or Print)* | TITLE | |
|---|---|---|
| SIGNATURE ✍ | DATE | TELEPHONE NUMBER |

STATE OF CALIFORNIA
**PAYEE DATA RECORD**
STD. 204 (REV. 2-99 (REVERSE)

**ARE YOU A RESIDENT OR A NONRESIDENT?**

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call……1-800-852-5711
From outside the United States, call…..1-916-845-6500
For hearing impaired with TDD, call….1-800-822-6268

**ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?**

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are $1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

**If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.**

**PRIVACY STATEMENT**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to $20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

# NOTICE OF INTENT
# TO APPLY FOR
# INFORMATION AND EDUCATION PROGRAM FUNDS

To: Anna Ramírez, M.P.H., Chief
Office of Family Planning
1615 Capitol Ave., 4th Floor, Room 435
Sacramento, CA 95814

**Due Date**: 2003
Department of Health Services
Hand Delivery: By 5:00 P.M.
Mail Delivery:

***If transmitting by FAX, send to the Office of Family Planning at (916) 657-1608.***

1. Name of Agency: _____

   Name of Contact Person: _____

   Address: _____

   County: _____

   Telephone: _____ FAX: _____

   E-mail address: _____

2. Type of Agency:
   - ☐ City Government
   - ☐ County Government
   - ☐ Health Clinic
   - ☐ Community Based Organization
   - ☐ Faith Based Organization
   - ☐ Local District/Office of Education/High School
   - ☐ Local Health Jurisdiction
   - ☐ Other _____

3. Target Population(s) to be addressed (check all that apply):
   - ☐ Pre-sexually Active Adolescents
   - ☐ Sexually Active Adolescents
   - ☐ Young Adults (at risk of unintended pregnancy)
   - ☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)
   - ☐ Parents, Families and Adult Caregivers
   - ☐ Pregnant and Parenting Adolescents

4. The geographic service area of the proposed project:
   County(s): _____
   Regional (multi-county area)_____

Our Agency intends to respond to the Information and Education Program RFA. We understand that the information provided in the Notice of Intent to Apply is non-binding and is tentative and may change in the final application. The primary purpose of the Notice of Intent to Apply is to assist the Department in estimating the likely number of applicants.

_____ _____
Signature of Authorizing Agency Official Date

**OFFICE OF FAMILY PLANNING**
**Information and Education Program**
**Reference Form**

Name of Applicant Agency: _____

## Referring Agency Information

Agency Name: _____

Address: _____

Phone: _____
Name and Title of person completing this form:
_____

Description of Project(s) and Services: In the space below, please include a brief explanation of the project(s) and services that were provided:

Please mark appropriate answer, if the answer is no, please provide a reason:

Did the applicant deliver timely and effective services?
☐ Yes
☐ No_____
_____

Were major responsibilities satisfactorily accomplished and done so in a timely and professional manner?
☐ Yes
☐ No _____
_____

Did the applicant implement fiscal control measures
☐ Yes
☐ No_____
_____

Did the applicant submit all required progress reports documenting achievement of the objectives, activities, and deliverables contained in the Project workplan?
☐ Yes
☐ No_____
_____

If required, did the applicant obtain independent financial audit?
☐ Yes
☐ No _____
_____

Did the applicant maintain staffing patterns adequately?
☐ Yes
☐ No _____
_____

Did the applicant submit timely and properly prepared invoices?
☐ Yes
☐ No _____
_____

Did the applicant maintain effective communication during performance?
☐ Yes
☐ No _____
_____

Overall, were you satisfied with the quality of applicant's past work?
☐ Yes
☐ No _____
_____

Were you satisfied with the working relationship established by applicants during performance?
☐ Yes
☐ No _____
_____

Did you encounter any problems with applicant that negatively affected performance?
☐ Yes
☐ No _____
_____

Would you use the applicant's services again for the same or different services?
☐ Yes
☐ No _____
_____

Signature of Authorized Agency Official (sign original in blue ink):

Signature _____date _____

# ***INCOMING*** **Funds by Source Related To Youth and Pregnancy Prevention FISCAL YEAR 2003/2004**

| LIST ALL FEDERAL, STATE, LOCAL, AND PRIVATE GRANTS, CONTRACTS, AGREEMENTS, AND ALLOCATION. | | | |
|---|---|---|---|
| CONTRACT/GRANT/ALLOCATION/AGREEMENT TITLE & NAME OF PROGRAM FUND SOURCE | SPECIFY FEDERAL, STATE, LOCAL OR PRIVATE FOUNDATION | AMOUNT OF SUPPORT | FUNDING PERIOD |
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# ***ANTICIPATED*** **Incoming Funds by Source Related to Youth and Pregnancy Prevention FISCAL YEAR 2004**

| LIST ALL FEDERAL, STATE, LOCAL, AND PRIVATE GRANTS, CONTRACTS, AGREEMENTS, AND ALLOCATION. | | | |
|---|---|---|---|
| CONTRACT/GRANT/ALLOCATION/AGREEMENT TITLE & NAME OF PROGRAM FUND SOURCE | SPECIFY FEDERAL, STATE, LOCAL OR PRIVATE FOUNDATION | AMOUNT OF SUPPORT | FUNDING PERIOD |
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